

RESOURCE DOCUMENT

Materials for Use in the Mandatory Health Education Units

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Education
About
AIDS

A STATEMENT FROM THE MINISTERS OF HEALTH AND EDUCATION

Acquired Immune Deficiency Syndrome: An Educational Challenge for Ontario

The acquired immune deficiency syndrome (AIDS) was first reported in Canada in 1982. Since then, the number of cases has grown steadily. By the end of 1987, more than 1200 Canadians will have developed AIDS, and almost half of those people will have died.

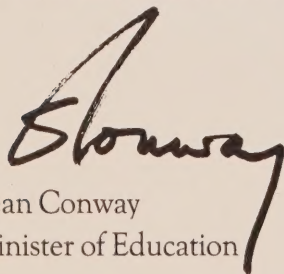
Although the number of Canadians who have actually contracted AIDS is relatively small, there are many thousands more who have been infected with the virus that causes AIDS. So far, they show no signs of having the disease, but they may develop symptoms over the next ten years. Meanwhile, they can unknowingly pass the virus on to others. Thus, the number of people who are infected, who will develop the illness, and who will eventually die will continue to grow.

There is no cure for AIDS and no vaccine. Although scientists are working to find ways of treating the disease and of protecting people against the virus, it may be many years before we find a cure or a vaccine.

It is up to all of us, then, to fight this deadly disease and to help those who become infected. The spread of this virus can be prevented if we all take responsibility for protecting ourselves and others.

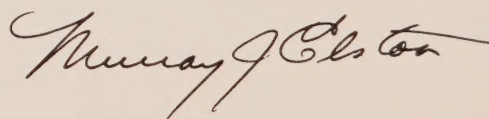
AIDS is not spread by casual daily contact. The risk of exposure to the AIDS virus can be reduced by simple and effective preventive measures, but, if they are to follow these measures, people must be informed.

The challenge facing us in Ontario is to educate ourselves and our children about the risks of AIDS. As parents, educators, and community leaders, we must assume this responsibility. We must give young people the information and skills required to make responsible decisions about health matters so that they can avoid being infected by the virus that causes AIDS. If we act now, if we teach our children to make responsible decisions, we will save lives.

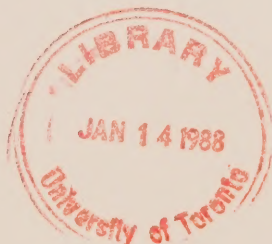


Sean Conway
Minister of Education

September 1987



Murray J. Elston
Minister of Health





Ministry
of
Education

Ontario

Sean Conway, Minister
Bernard J. Shapiro, Deputy Minister

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Education About AIDS

PART A

General Information

1987



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PREFACE

Acquired immune deficiency syndrome (AIDS) has been recognized worldwide as a serious medical and social problem. However, scientists do not yet fully understand the workings of the virus that causes AIDS. New information about the disease is constantly emerging as discoveries are made. To date there is no preventive vaccine or cure. Education is therefore essential to prevent the spread of the disease and to assist Ontario students in making responsible and informed decisions about matters relating to their health.

On January 27, 1987, Sean Conway, Minister of Education, announced that education about AIDS would be compulsory in Ontario schools, beginning in the school year 1987-88.

The Ministry of Education policy concerning AIDS education is as follows:

1. A mandatory unit of study on AIDS shall be a part of the health education program in Grade 7 or 8.
2. A second mandatory unit on AIDS shall be included in the secondary school health education program as part of the credit(s) deemed to satisfy the compulsory credit requirement for diploma purposes.
3. On the written request of a parent or guardian or of a student who has reached the age of majority, the right to withdraw from any component of a physical education or health education course shall be granted, where such component is in conflict with a religious belief held by the student, guardian, or parent. Where such withdrawal involves a significant portion of the course time, an alternative component of work in physical and health education shall be scheduled for the student.

In response to this mandate, the Centre for Early Childhood and Elementary Education and the Centre for Secondary and Adult Education have developed materials to assist in the teaching of the two units of health education related to AIDS.

The materials for each of the units of study form the substance of this kit, which has been divided for ease of

use into five sections. Part A provides factual information about AIDS for the developers of the local units of instruction and for the teachers who will carry out the program in health education classes. This information has been substantiated by research and clinical practice and confirmed by the Ministry of Health as of August 1987. Part B outlines the aims and objectives of the kit, provides general teaching strategies, and lists resources on AIDS. Parts C and D outline some specific teaching strategies for the Grade 7 or 8 unit and for the compulsory-credit secondary school unit, respectively. The teaching strategies draw upon the content and reinforce the objectives outlined in the provincial guidelines for physical and health education. Part E contains a number of transparency masters that can be used with the units.

INTRODUCTION

Human Immunodeficiency Virus

AIDS is caused by a virus identified as human immunodeficiency virus (HIV).¹ This virus² was first identified by American scientists as HTLV-III (human T-cell lymphotropic virus type III) and by French scientists as LAV (lymphadenopathy-associated virus). There are variants of HIV, such as HIV-II which has been isolated in some individuals in Western Africa and seems to be limited to that region at the present time. The disease appeared on the North American continent in the late 1970s. In Ontario, it was deemed reportable in 1983 and has been closely monitored since that time.

Outside the body HIV is very fragile. It is easily destroyed by chlorine bleach (one part bleach to nine parts water), heat, rubbing alcohol, detergent, or hydrogen peroxide. HIV cannot be spread by contact with persons or things; for example, it cannot be transmitted through food, water, eating utensils, drinking fountains, swimming pools, hot tubs, toilets, or such much-handled objects as money, door knobs, or telephones. Since the virus cannot be transmitted through the air, it cannot be spread through coughing or sneezing. It is transmitted in most cases through sexual intercourse (vaginal or anal) or oral sex, or by the sharing of contaminated needles or syringes. Women can also transmit HIV to fetuses in their wombs. Sexual contact, however, is the most common means of transmitting the virus.

Once the virus enters a person's bloodstream, there is currently no known way to destroy it. The virus remains in the body for life. The person may be asymptomatic (i.e., symptom-free) but infected, carrying HIV in the bloodstream. At this stage the person is said to have HIV infection.

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1. In this document, the medical term HIV is used to refer to the virus that causes AIDS, often simply called the "AIDS virus" in non-specialist literature. For a glossary of terms used in this document, see p. 24.
 2. A virus, a cluster of genes in a protective covering, is the simplest form of life. A virus is a parasite in that it requires a living cell on which to feed and reproduce. HIV prefers the helper T-cell of the immune system as a host.

HIV has been isolated in blood, semen, and vaginal secretions; it has been found in lesser amounts in tears, saliva, and breast milk. Research to date has revealed no documented cases in which tears or saliva have been responsible for the transmission of the virus. Infection due solely to breast-milk transmission is rare and has been documented only once.

The potential impact of AIDS on the human race cannot be overemphasized. Large numbers of people are already infected, and in certain parts of the world the disease has reached epidemic proportions.

The Healthy Immune System

With certain rare exceptions, everyone has a natural ability to fight disease because of the work of the immune system. The immune system is a co-operative system of cells and chemicals found in the white blood cells. The three types of cells, all highly specialized and programmed to fight infection, are macrophages, helper T-cells, and B-cells. The immune system works along with the lymphatic system to protect the body from infections and malignant cells. Certain white blood cells, called helper T-cells and B-cells, work together to fight harmful viruses and bacteria that can cause disease. When the helper T-cells discover something harmful in the body, they activate the B-cells. The B-cells produce antibodies, which fight the spread of the infection. When the problem is under control, other T-cells stop the B-cells from producing any more antibodies.

General health affects the functioning of the immune system. Factors such as nutrition, exercise, sleep, and stress management play an important part in keeping the immune system healthy.

The Response of the Immune System to HIV

Once in the bloodstream, HIV seeks out and takes over the helper T-cells. The virus may then lie dormant for months or for as long as ten years. The factor or factors that trigger virus replication are unknown. It may be that the virus lies dormant until a helper T-cell is immunologically stimulated by another invading organism.

At any point the virus that causes AIDS may become activated, creating more virus, which invades other helper T-cells and further weakens the immune system. By entering and destroying the cells essential to the immune system, the virus reduces the number of cells available to fight other infections. The resulting depletion of helper T-cells leaves the individual open to infection by organisms that

would not normally harm a healthy person. Opportunistic infections, such as Pneumocystis carinii pneumonia (PCP), cytomegalovirus (CMV), and oral candidiasis (thrush, a fungal infection), may take advantage of the person's impaired immunity. Unusual forms of cancer such as Kaposi's sarcoma may also occur.

Although scientists are working to develop a vaccine, this will likely take many years, and a cure may never be found. While all viruses are difficult to treat, HIV is particularly so because it lives in the individual's helper T-cells. By killing the virus, therefore, a prospective cure might also kill the helper T-cells, thereby further weakening the infected individual.

There is still much to learn about HIV. Researchers do know that prolonged infection with the virus increases the risk of developing AIDS, but they do not know why some people become ill and die much faster than others.

THE SPECTRUM OF AIDS

As far as we know now, not everyone who is infected with HIV will get AIDS (see figure on page 9). The following are the possible outcomes of infection with the virus.

HIV infection. A large group of people become infected, continue to look and feel well, but are carriers. Although they have no symptoms, they can still pass the virus on to others. Some people infected with HIV may develop initial, flulike symptoms such as headache, fever, body pain, chills, rash, and enlarged lymph glands, which may disappear. This usually occurs about six to twelve weeks after exposure, at which time the person develops antibodies to the virus, i.e., becomes seropositive.

AIDS-related complex (ARC). Some people have AIDS-related complex or ARC. They become ill but they do not have the most serious form of the disease. A person with ARC may have mild to moderate symptoms, which may either clear up, continue, or worsen. These symptoms may include any of the following:

- swollen lymph glands in the neck, armpit, or groin
- a prolonged fever
- persistent night sweats
- fatigue
- a loss of weight for no apparent reason
- diarrhea
- neurological disorders
- a white coating on the tongue and a sore throat

Similar symptoms can be caused by many infections. When the symptoms are caused by HIV infection, however, they persist over a long period of time, that is, weeks or months.

Whether a person stays at the ARC stage or goes on to develop AIDS may depend on many interrelated factors. Researchers do not know what causes this range of reaction and are looking at such factors as genetic structure, the relationship between stress and the immune function, or the action of other viruses working with HIV to account for the triggering of AIDS. If infections other than HIV are present in the body, additional stress may be placed on the

immune system, and this weakened condition may increase the chances of developing AIDS.

AIDS. People with AIDS have a dangerously weakened immune system, and because the body can no longer defend itself, certain serious infections occur. These people become ill with bacterial, fungal, and viral infections to which healthy people usually do not succumb. The incubation period of this complicated, devastating disease is variable and may be as long as ten years or more, according to currently available information.

The following symptoms are associated with AIDS:

- unexplained bleeding or weight loss
- night sweats
- persistent fatigue and diarrhea
- shortness of breath
- a dry cough
- a sore throat
- repeated infections
- oral candidiasis (thrush, whitish spots or patches in the mouth or throat)
- painless, purplish bumps or spots on any part of the body, including the mucous membranes
- neurological and behavioural disturbances resulting from damage to the brain and nervous system

Infections that take advantage of a breakdown in the defence or immune system are called opportunistic infections. People with AIDS die from these rare and serious illnesses, which their bodies cannot fight.

The most common life-threatening opportunistic infection in AIDS patients is Pneumocystis carinii pneumonia, previously seen almost exclusively in cancer and transplant patients receiving immunosuppressive drugs. This pneumonia is caused by a parasite that is not harmful to a healthy individual with an intact immune system. In fact, before AIDS, people built up an early immunity to this parasite, and this form of pneumonia was rare. Other opportunistic infections are pneumonia, meningitis, and encephalitis, caused by different viruses, bacteria, and fungi.

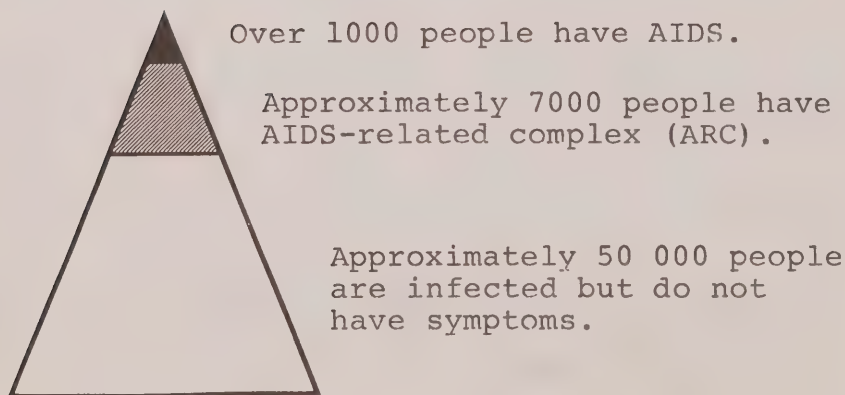
Yeast and fungal infections in otherwise healthy individuals are generally more of a nuisance than a serious threat to their health. In an AIDS patient, however, a yeast infection can overrun the entire body, causing not only oral thrush, where the mouth and throat are painful, but also a systemic yeast infection affecting many of the internal organs.

Many people with AIDS get a rare cancer called Kaposi's sarcoma. Researchers have also found HIV in brain tissues, the spinal cord, and the nerves. This can cause the destruction of brain cells, with subsequent effects on intellectual skills and body control. Once damaged, the brain cells do not recover; dementia is a serious problem in some people who have AIDS.

The potential impact of multiple infections on the general populace is a very serious concern and shows the need for scientists to develop ways to rebuild damaged immune systems as well as ways to inhibit the virus.

Persons with ARC or AIDS and those who are seropositive without symptoms carry HIV and may transmit the virus by way of their blood and body fluids. Estimates of the number of seropositive persons who will go on to develop AIDS vary from 25 per cent upwards. As of July 1987, 1134 cases of AIDS had been diagnosed in Canada. Approximately half of these people have already died. Researchers estimate that there may be as many as 50 000 other Canadians who are infected with the virus but have not as yet developed any symptoms of AIDS.

The Spectrum of AIDS in Canada
(as of July 20, 1987)



Testing for HIV Infection

Specialized tests for HIV itself are not yet generally available. Instead, physicians use the HIV antibody test as a marker for the presence of the virus. A physician will order the test for someone who has physical symptoms of HIV infection or for someone whose history indicates that they run a risk of developing the infection - particularly if that person is a woman who is planning a pregnancy.

It is estimated that it usually takes six to twelve weeks and possibly up to six months after infection for antibodies to HIV to appear in the blood and to be accurately reflected by a test. Thus, a blood test taken too soon after exposure may give a misleading negative result.

The HIV antibody test is used routinely to test all blood donors as well as sperm, organ, and tissue donors. Specimens found positive by the antibody test are never used. Testing protects people who receive artificial insemination, transplanted organs or tissue, or blood transfusions from contracting the virus from an infected donor.

An antibody test (enzyme-linked immunosorbent assay or ELISA) is not deemed to be positive until the test has been repeated and the result confirmed by a second special test (Western Blot). If that test is positive (i.e., if antibodies are found), it means that, at some time in the past, the virus has entered the person's bloodstream. A positive test does not mean:

- that the person will necessarily develop AIDS;
- that the person is protected against AIDS. (Usually antibodies protect a person from disease, but this is not the case with HIV antibodies.)

A positive test does mean:

- that the person probably has the virus in his/her bloodstream;
- that the person is able to pass the virus on to others;
- that the person must take precautions. The individual must never have unprotected sexual intercourse or share needles. Those two steps should keep others from being infected.

THE TRANSMISSION OF AIDS

There are three primary routes of transmission:

1. HIV can be spread through sexual contact, particularly anal intercourse. The virus is carried in blood, semen, and vaginal secretions and can enter the bloodstream through small cuts in the vagina, rectum, or mouth. The virus can be contracted most readily through anal intercourse with an infected person, primarily because of the high concentration of the virus in semen, which has an opportunity to enter the blood through tears in the delicate mucous lining of the anus and rectum. The virus can also pass from an infected woman, through vaginal secretions or menstrual blood, into her partner's bloodstream through tiny cuts in the penis.

The degree of risk of transmission of HIV through sexual activity involving oral-genital contact remains controversial. Oral-genital contact is not a highly efficient mode of transmission, since conditions favouring transmission, such as direct access to blood and body fluids infected with HIV, are less frequently found than in vaginal or anal intercourse.

The greater the number of sexual partners, the greater the risk of being infected with HIV, because of the increased chance of having sexual intercourse with someone carrying the virus. The risk of infection may also be increased for individuals who have other STDs. For example, the primary lesion of syphilis may be located in the rectum or pharynx and could provide an entry for the virus.

Dry or social kissing presents no danger of infection. Although HIV may be found in saliva, there are no documented cases in which kissing was responsible for the transmission of the virus. To eliminate any risk, kissing should not result in bleeding.

No person, male or female, is immune to the virus. In North America, most of the people who are infected with HIV are men. But in other parts of the world, as many women as men have the virus. The number of women infected with HIV is increasing steadily. AIDS is now the leading killer of women between the ages of twenty-five and thirty-four in the New York City area.

2. HIV can be spread through the sharing of needles or syringes. People who abuse intravenous drugs may pass infected blood to others by sharing their equipment. Traces of infected blood in the used needle can be injected directly into the bloodstream of another person. However, the proper medical use of injectable medication is safe.

3. HIV can be passed from a pregnant woman to the fetus in the womb. Scientists estimate that more than half of the babies born to infected women will have the virus. Babies that have the virus will almost certainly die.

Protection of the Blood Supply

In Canada, a very small proportion of AIDS cases has been caused by transfusions of infected blood given before November 1985, when the Canadian Red Cross Blood Transfusion Service began screening blood donations for HIV antibodies. Because it can take up to ten years for someone infected with the virus to become ill, however, a few more cases may still develop from transfusions received before testing was instituted.

The Canadian Red Cross now tests all its blood donations for antibodies to HIV, as it does routinely for hepatitis B and syphilis. Antibodies indicate that the donor has been infected with the virus. Blood found to contain HIV antibodies is not used for transfusions.

In addition to testing blood, the Canadian Red Cross asks that anyone who may have been exposed to the virus not donate blood. People who are asked not to donate blood include the following:

- any male who has had sexual relations with another male since 1977
- any person who has shared a needle to inject drugs
- any person who has regularly received treatment with blood products
- men and women who have had sexual contact with someone other than their usual partner, particularly with a prostitute, in areas where AIDS cases are known to occur, such as in some major North American cities, Central Africa, and Haiti
- sexual partners of anyone in one of the risk categories above³

Even before testing, the probability of getting AIDS from a blood transfusion was very slight. Now the screening of donors and the testing of blood donations make the blood supply even safer.

3. Canadian Red Cross, AIDS: New Information for Blood Donors (Toronto: Canadian Red Cross, 1986).

THE PREVENTION OF AIDS

Prevention involves accepting personal responsibility for one's health and the obligation to protect others. Anyone infected with HIV must be considered a carrier who may infect others. People who have the virus may infect others even if they do not have any symptoms of the illness. Still, the transmission of HIV can be prevented if individuals are educated to take precautions and if these precautions are taken. As outlined in the previous section, HIV is contracted primarily through sexual intercourse with an infected person or the use of a contaminated intravenous needle.

Sexual abstinence is the most effective means of preventing the spread of AIDS. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in permanent relationships.

If abstinence or mutual monogamy is not practised, the correct use of latex condoms with spermicidal foam or a water-based lubricant (see pages 22-23) is the only practical way to check the spread of AIDS. Foam should be used only for vaginal intercourse as it can damage anal tissue. Condoms are designed to act as a barrier to sperm and to prevent contact with semen, blood, or vaginal secretions, which may carry many organisms causing sexually transmitted diseases (e.g., gonorrhea, chlamydia, and syphilis, as well as AIDS). Condoms do not, however, provide a foolproof method of protection against sexually transmitted diseases. Their use during sexual intercourse reduces but does not completely eliminate the risk of infection. The condom should be worn whenever there is a possibility of genital transmission of disease. Some condoms are impregnated with spermicides such as nonoxynol-9, which may be viricidal as well as spermicidal; nonoxynol-9 will probably kill HIV by destroying the outer shell that holds the virus intact.

Regardless of the precautions taken, all sexually active people are advised to refrain from sexual contact with persons whose history and health status are unknown to them. When participating in any sexual activity, individuals who are not involved in a monogamous relationship should consider the use of a condom with foam or a water-based lubricant.

Intravenous drug abusers do not account for a large number of AIDS cases in Canada. However, to protect themselves from HIV infection, intravenous drug abusers should stop using drugs or, if they continue to do so,

should not share other people's needles or syringes. Drug abuse may, however, be part of the lifestyle of some prostitutes, male or female, who may become infected with the virus and transmit it to their customers, who in turn can spread it to other partners. Women who are infected with the virus can transmit the infection to a fetus during pregnancy. Sexual partners of intravenous drug abusers also risk acquiring the infection.

All individuals should refrain from high-risk sexual practices. Those persons with HIV infection, ARC, or AIDS should strive to maintain their health, avoiding additional exposure to HIV. They also have a responsibility to avoid transmitting the virus.

Lack of sanitation, malnutrition, and a vast number of other infections, including other STDs, contribute to a depressed or weakened immune system, making people more vulnerable to AIDS. The abuse of non-medical drugs may impair judgement and may also harm the immune system.

Health-care workers, including those in medical and dental services, who are frequently exposed to blood should take precautions and follow infection-control procedures consistently.

THE TREATMENT OF AIDS

At the moment AIDS is not a curable disease, but many of its symptoms are treatable. Most AIDS patients eventually need medical care, especially when their immune systems become impaired. However, the opportunistic infections that result from this impairment are sometimes difficult to treat.

Azidothymidine (AZT), an antiviral drug, is currently being used in Canada for the treatment of HIV infection and AIDS. While AZT is not a cure, it does offer hope to some people with AIDS, particularly those who have survived a bout of Pneumocystis carinii pneumonia and certain individuals with ARC or AIDS. While AZT seems to prolong the lives of AIDS patients, one serious side effect is anemia. This means that some patients need blood transfusions.

Ribaviron is another antiviral drug that is used to treat HIV, but its effect on people with AIDS has not been fully evaluated. Other treatments - such as chemotherapy for AIDS-related cancers - and other drugs are also available for specific infections associated with AIDS. While none of these drugs or treatments will cure AIDS patients, they may prolong life.

THE SOCIAL IMPACT OF AIDS

People who have contracted AIDS initially feel very frightened. Their families and close friends often react in the same way.

People with HIV infection and AIDS want to lead normal and full lives. They need nurturing and love from those who are nearest to them. Financial support may also be necessary for some. Support groups, such as People With AIDS (PWA), provide a basis for self-help.

There is a need for people with AIDS to avoid thinking of themselves as "victims". The goal, for them, might be to live as "fully, lovingly, and honestly" as is humanly possible with such a devastating illness, and for family members and friends to share their burdens and offer as much support as possible.

Most people with AIDS have a life expectancy of about eighteen months from the time of diagnosis, although some have lived much longer. The care of these people is of concern to everyone. Special AIDS clinics have been established in hospitals, and funding has been given to provide home and hospice care. Since AIDS patients have impaired immunity and are susceptible to opportunistic infections, care must be taken to protect them from exposure to communicable diseases.

When a person with AIDS reaches the terminal stage, a hospice can provide care in a homelike environment, and support for a peaceful death. In some cases terminal AIDS patients may be abandoned by their families and by those to whom they feel closest. For these reasons hospital organizations and staff must be prepared for the possibility of deep emotions and conflicts on the part of people with AIDS.

Attempts are being made to move away from total reliance on hospitals and care institutions and to shift some of the responsibility for caring for AIDS patients on to the community. Such a change in emphasis has important implications for palliative care, particularly where many persons express a strong desire to die with dignity in their own homes, supported by family and friends. Such an approach requires easy access to support services and a strong, comprehensive, and multidisciplinary organization.

Community initiatives will be needed to fill the gaps in services for people with AIDS. For example, community volunteers can provide emotional support for these people and their families and friends, as well as help them to live, and eventually to die, at home.

FACTS ABOUT OTHER SEXUALLY TRANSMITTED DISEASES (STDs)

Introduction

The following information about sexually transmitted diseases (STDs) has been included to help to establish a context for the study of AIDS. AIDS is contracted primarily through sexual intercourse with an infected person, and in this context current information on other sexually transmitted diseases is included. The pamphlet "Sexually Transmitted Disease - Prevention for Everyone", prepared by the American Foundation for the Prevention of Venereal Disease, has been used as a resource for this section.

Young people are more likely to gain a proper understanding of AIDS if it is considered in the context of other more common STDs that may affect the health of adolescents. It is also important that young people know when to seek help, understand how the diseases are transmitted, and be aware of the strategies needed to prevent STDs from occurring. Feelings of shame and guilt sometimes associated with these diseases should be overcome and should not prevent individuals at risk from seeking medical help. It is vital to individual and collective health that everyone learn the importance of personal hygiene and the means of prevention of sexually transmitted diseases.

STDs are caused by many different organisms. They can affect the male and female sex organs on the outside of the body, the internal sex organs, the anus, and the mouth. The mucous membranes of the genito-urinary system in both the male and the female are also susceptible to infection. Common STDs include gonorrhea, chlamydia, non-gonococcal urethritis, and genital herpes. Anyone who has sexual contact with an infected person can get an STD. The greater the number of sexual partners, the greater the chance of getting an STD.

If an STD is present, the following symptoms may develop on or near the sex organs: a sore, an irritation, an unusual discharge from the vagina or penis, and a burning sensation on urination. The following symptoms may also be noticed: lower abdominal cramps and a strong smell from the vagina or penis. Even if these symptoms disappear after a while, they always indicate that something is wrong. If something unusual occurs and there is no explanation, a doctor should be consulted. While symptoms do not always mean that the person has an STD, a checkup is required to be sure. Symptoms may show up within two days after sexual contact with an infected person, or they may not show up for months.

Common Sexually Transmitted Diseases

The following are some of the most common STDs:

Gonorrhea. Gonorrhea is a serious infection that is transmitted by any type of genital intercourse or oral sex. The incubation period is one to fourteen days, usually two to seven days. Early symptoms in the male include a burning sensation during urination and a discharge from the penis. Some men and most women will have no early symptoms.

The bacterium that causes gonorrhea requires warmth and moisture for survival. It dies quickly on drying outside the human body. Previous infection with gonorrhea does not provide immunity; reinfection is possible on subsequent exposure to the organism.

Gonorrhea can affect the eyes of the newborn and produce blindness. Newborn infants routinely receive silver nitrate eye drops or antibiotics as prophylaxis.

Gonorrhea can cause pelvic inflammatory disease (PID) in women, a very serious infection of the uterus and Fallopian tubes that can lead to infertility and other complications. In men gonorrhea can cause sterility and difficulty in urinating. The early treatment of the disease with appropriate antibiotics prevents all of these complications.

Chlamydia. Chlamydia is believed to be more common than gonorrhea, and its symptoms may be similar. The illness usually appears from one to five weeks after sexual contact. Males have a discharge or pain during urination; females may have no signs or may have a burning sensation on urination and a vaginal discharge. Chlamydia can be treated with appropriate antibiotics.

If left untreated, chlamydia can cause PID with subsequent damage to the female reproductive organs; infection can cause scarring of the Fallopian tubes, leading to subsequent ectopic or tubal pregnancy or infertility. Infection can be transmitted to the newborn at birth, causing conjunctivitis or, in some cases, pneumonia. In the male chlamydia can cause non-gonococcal urethritis (NGU) or post-gonococcal urethritis (PGU).

Non-gonococcal urethritis (NGU), non-specific urethritis (NSU), post-gonococcal urethritis (PGU). Several different organisms can cause NGU in males, of which the most common is chlamydia. NGU is almost always transmitted through intercourse. Early symptoms of NGU are a burning sensation during urination and a discharge from the penis. If left untreated, NGU may cause a painful infection of the testicles.

NGU is treated with antibiotics, usually tetracycline. Penicillin is not used to treat NGU. The symptoms of the disease may disappear in a few days, but the infection will persist if all medication is not taken as prescribed.

A person is capable of passing on the disease from the moment of infection. This presents problems, because the infectious period can last for one to six weeks and sometimes longer.

The terms NGU, NSU, and PGU are sometimes used interchangeably, although they are not the same. NGU refers to urethritis (infection of the male urinary canal) not caused by the gonococcus. NSU refers to urethritis with no known cause. PGU is caused by an organism that is not sensitive to the drug prescribed to treat gonorrhea. PGU is urethritis that remains after gonococcal urethritis has been treated.

Genital herpes. Genital herpes is an infection caused by a virus closely related to the virus that causes cold sores (fever blisters) around the mouth. Genital herpes is passed on from person to person by sexual contact almost always during periods when sores are present.

The herpes virus causes blisterlike sores on or around the genital area. These sores, although sometimes very painful, generally heal without scarring in one to two weeks. The virus, however, remains, and the sores can recur. Sexual intercourse should be avoided at this time. Repeat episodes of genital herpes tend to be less painful and to heal faster than the original outbreak.

It is important that women with genital herpes have a Pap smear (a test for cancer of the cervix) regularly. Special precautions need to be taken during pregnancy and at the time of delivery to avoid infecting the fetus with herpes.

At present there is no medical cure for genital herpes, although research in this area continues.

Syphilis. Syphilis is a serious disease that affects the entire body. It is transmitted by vaginal or anal intercourse or oral sex. The first symptom is usually a painless sore that appears where the organism entered the body; sometimes there is no visible initial symptom, as the sore may be internal and go unnoticed. If untreated, the disease progresses to the secondary stage. This is characterized by a rash or pimplelike sores that appear on the palms, soles, or elsewhere on the body. Even if left untreated in the second stage, these symptoms will disappear.

If treatment is inadequate, years later syphilis may cause heart disease, brain damage, insanity, or death. Early treatment with antibiotics, usually penicillin, will prevent these complications.

Vaginitis. Vaginitis is an inflammation of the vaginal area that is caused by a number of organisms. Factors that can lead to vaginitis are excessive douching, which can alter the balance of the bacteria normally found in the vagina; the use of antibiotics; a poor diet; and low resistance.

Vaginal infections may be transmitted by sexual contact. The treatment of both partners is necessary to avoid reinfection. Two prevalent types of vaginitis are candidiasis (monilia, thrush, yeast) and trichomoniasis.

Monilia. Monilia or "yeast" is a very common vaginal infection caused by a small fungus. This fungus is normally present in the vaginas of healthy women in small amounts. At times, however, the yeast can increase to the point that it causes vaginal itching, burning, and a heavy, curdy, white discharge. Antibiotics, birth-control pills, pregnancy, and stress are all factors that can cause the yeast to overgrow and symptoms of monilia to appear.

Monilia is not a dangerous infection. It should, however, be treated with an antifungal cream or tablet to relieve discomfort. Monilia may be transmitted by sexual contact. The treatment of both partners is necessary to avoid reinfection.

Trichomoniasis. Trichomoniasis is a common STD. In women, both the urethra and the vagina become infected, causing a foamy, yellowish vaginal discharge, an unpleasant odour, itching, and pain on intercourse. Men usually do not show symptoms and can unknowingly transmit the infection to their partners. In men, the urethra becomes infected and while there is a small amount of discharge, only a few men experience burning on urination.

This infection rarely spreads outside the uro-genital area, and there are no late complications. Therefore, trichomoniasis is more of an uncomfortable inconvenience than a dangerous illness. Treatment should always be given to both partners to prevent one from becoming a reservoir for the organism and causing reinfection of the other partner.

Genital warts. Genital warts look like ordinary skin warts but are highly contagious. They can vary in number and appearance from single small growths to clusters of cauliflowerlike lumps. They are caused by viruses that are spread during sexual intercourse.

Certain viruses have been closely linked to the development of cancer of the cervix and vulva. Since effective treatment may reduce the risk of cancer, a doctor should be consulted promptly if any abnormal growth appears in the genitalia. Self-treatment with over-the-counter preparations is ineffective and can damage the delicate tissues of the genital region. Warts are commonly removed by chemicals, lasers, freezing with liquid nitrogen, or surgery.

Prevention of STDs

Individuals with numerous sex partners run a high risk of contracting STDs. They should not only consult a physician when symptoms appear but also have regular checkups.

The condom provides protection against the transmission of genital infections. (See below for details on the use of the condom.)

Persons with the following symptoms should seek medical care from family physicians, STD clinics, or hospital out-patient departments: a genital discharge; a sore, warts, or pimples on the genitals or in the anal area; pain or burning on urination or bowel movement; reddish or darkened urine; a persistent sore throat; or enlarged lymph glands.

The treatment of STDs is usually simple and consists mainly of the taking of oral antibiotics. However, infection will remain if all medication is not taken as directed.

Until completely cured, infected individuals should refrain from all sexual contact, which may spread the disease. They should also assume responsibility for notifying their previous and current sex partners of the necessity for an STD examination. Often the public health department will assume this responsibility. All information about patients is confidential.

The Use of Condoms

When used properly with spermicidal foam or a water-based lubricant, condoms can provide some protection against STDs. A Belgian study has found, however, that HIV can pass through condoms made of lamb's intestines. The use of latex condoms is therefore advisable. Some latex condoms are also coated or impregnated with a lubricating spermicide, nonoxynol-9, and may be viricidal as well as spermicidal. Spermicides such as nonoxynol-9 probably kill by destroying the shell that holds the virus together and thus provide

extra protection in case the condom breaks. However, the use of spermicidal foam alone does not provide sufficient protection.

The condom is not a completely effective method of protecting against STDs, although there is evidence that the use of a condom reduces the risk of infection. Even the most rigorous application of standards, however, does not guarantee that every condom will be completely reliable and totally free from holes. Oil-based products such as petroleum jelly or baby oil should never be used with a latex condom because these substances make the latex porous and ineffective against the virus; the use of a water-based lubricant or spermicidal foam is suggested. Foam should be used only for vaginal intercourse as it can damage anal tissue.

The condom must be worn before any genital contact. Air should be squeezed out of the tip of the condom and, while it is still rolled up, it should be placed on the tip of the erect penis and then rolled all the way down, leaving a half-inch space at the tip to prevent breakage during ejaculation. When withdrawing, the male must hold the condom firmly at the rim so that the semen does not spill. Condoms should never be reused.

Anyone, regardless of age, can obtain condoms from pharmacies and some convenience stores. Since condoms can become brittle and break, the expiry date on the box should be checked before use. Condoms should not be stored in wallets; left in car glove compartments, where they can be subjected to extremes of heat and cold; or carried in pants pockets, where they could be damaged by friction. Further information on condoms may be obtained from John Bell, "The Thin Latex Line Against Disease", New Scientist, no. 1549 (February 26, 1987), pages 58-81.

GLOSSARY OF TERMS⁴

Acquired immune deficiency syndrome (AIDS) is the name given to the final stage of a disease caused by the human immunodeficiency virus (HIV). Prior to 1987, this stage of the disease was referred to as "full-blown" AIDS.

AIDS-related complex (ARC) is the name of the second stage of the disease caused by the human immunodeficiency virus (HIV). At this point, a person has tested positive for HIV infection and has specific symptoms, but these may not persist.

Human immunodeficiency virus (HIV) is a virus which, when it enters the bloodstream, takes over specific white blood cells and weakens the body's immune system. It is the virus that causes HIV infection, ARC, and AIDS.

Human immunodeficiency virus (HIV) infection is the term used to describe the first stage of an illness that harms the body's ability to fight infection. At this point, the virus is in the individual's bloodstream, and the individual is described as being seropositive without symptoms. Prior to 1987, this individual was described as having AIDS. The term AIDS now refers only to the final stage of the illness.

4. Adapted from David Suzuki, Eileen Thalenberg, and Peter Knudtsen, David Suzuki Talks About AIDS (Toronto: General Publishing, 1987).

RESOURCE DOCUMENT

Materials for Use in the Mandatory Health Education Units

CAZAN
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**Education
About
AIDS**

PART B

General Teaching Strategies

1987



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STEAD

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INTRODUCTION

The mandatory units on AIDS form part of the total health education program under the category related to human sexuality (see table 1, page 3). In addition to information about AIDS, appropriate material on living skills should be integrated with the content (see table 2, page 4).

The suggested teaching strategies and resources contained in Parts C, D, and E of this resource kit are intended to assist teachers in planning lessons on AIDS that will meet the needs and interests of students. The strategies are intended to assist teachers in discussing sexual relations between mature, responsible partners. More specifically, they will help students to understand that sexual abstinence is the most effective means of preventing the spread of AIDS for single people and that monogamous relationships between uninfected partners are the most effective means of preventing the spread of the disease for partners who are in permanent relationships. The strategies are also intended to help students acquire a sensitivity towards adults and children they encounter who have contracted HIV infection, ARC, or AIDS.

The responsibility for the selection and adaptation of the teaching ideas remains at the board and school level. Teachers should feel free to modify the strategies in this resource kit to suit the needs and interests of their students as well as the needs of their community. The aim is to help students develop and maintain a positive and responsible attitude towards their sexuality and, within that context, to act on their knowledge and to make positive decisions about matters affecting their health.

Table 1: Health Content¹ Categories - Scope and Sequence Chart

	K-Grade 3	Grades 4-6	Grades 7-8	Compul- sory Credit Course	Senior Division
Anatomy and physiology, heredity	Cm	Cm	Om	Om	Om
Consumer and environmental health	Oi	Oi	Oi	Oi	Cd
Human sexuality	Oi	Cm	Cd	Cd	Cd
The individual - alone and with others	Ci	Ci	Cd	Om	Cd
Lifestyle	Oi	Oi	Oi	Cd	Cd
Mental and emotional health	Oi	Oi	Cm	Cd	Cd
Nutrition	Cm	Cd	Om	Cm	Od
Personal fitness	Oi	Ci	Cd	Cm	Od
Safety and first aid	Cm	Cd	Om	Cd	Od
Substance use, abuse, misuse	Oi	Cm	Cd	Cm	Od

Sequence: C - Core
O - Optional

Scope: i - Introductory
coverage
m - Minor coverage
d - In-depth coverage

1. Ministry of Education, Ontario, "Physical and Health Education, Intermediate and Senior Divisions" (curriculum guideline, draft).

Table 2: Living Skills - Scope and Sequence Chart²

	K-Grade 3	Grades 4-6	Grades 7-8	Compul- sory Credit Course	Senior Division
Assertiveness	Ci	Cm	Cm	Cd	Cm
Behavioural control	Ci	Cm	Cm	Cd	Cm
Conserving/ consuming	Ci	Cm	Om	Cd	Cm
Decision making	Ci	Cm	Cd	Cm	Cm
Goal setting	Ci	Cm	Cm	Cd	Cm
Intuitive learning	Oi	Om	Cm	Cd	Cm
Living with change	Oi	Ci	Cm	Cd	Cm
Risk taking	Ci	Cm	Cm	Cd	Cm
Self-awareness	Ci	Cm	Cm	Cd	Cm
Self- responsibility	Ci	Cm	Cm	Cd	Cm
Social adaptability	Ci	Cm	Cm	Cd	Cd
Sex-role clarification	Oi	Om	Cm	Cd	Cm
Values awareness	Ci	Cm	Cd	Cd	Cd

Sequence: C - Core
O - Optional

Scope: i - Introductory
coverage
m - Minor coverage
d - In-depth coverage

2. Ministry of Education, Ontario, "Physical and Health Education, Intermediate and Senior Divisions" (curriculum guideline, draft).

AIMS AND OBJECTIVES

A unit of study on AIDS should provide students with opportunities to:

- become more aware of the disease;
- understand the ways in which the disease is transmitted and can be prevented;
- understand the need for responsibility and honesty in dealing with AIDS.

As a result of their classroom study of the two mandatory units, students will be able to:

- describe AIDS, its symptoms, and the way in which it is transmitted, treated, and prevented;
- explain how commitment, responsibility, and abstinence relate to the prevention of AIDS;
- identify (a) behavioural options and alternatives related to treating their bodies well or badly and (b) high- and low-risk situations;
- act sensitively and humanely with respect to people with AIDS;
- seek help from those sources in the community that can be contacted for information about, testing for, and treatment of AIDS.

CONSIDERATIONS IN PROGRAM PLANNING

Educating students about AIDS involves providing them with clear warnings and specific skill training and helping them to achieve an acceptance of, and happiness from, their sexuality in the context of a concern for their total well-being.

The resource materials cited in this part of the kit are designed to assist local school boards and schools to develop their programs of instruction on AIDS and to provide information about the disease.

Adolescents are capable of making wise choices. Parents, teachers, and friends can help them in the process by sharing information and values and by providing support. The skills of forming opinions, looking at options, considering consequences, and making choices can be practised in classroom settings. Teachers can use a variety of models through which to provide such opportunities. These models include cognitive and moral development; living-skills development; family communication; the relationship of knowledge to attitudes and practice; and health promotion.

A health-promotion focus is particularly useful in instruction about AIDS because it emphasizes the whole individual, as well as the general influence of lifestyle on physical, intellectual, emotional, social, and spiritual well-being. This focus, with its emphasis on self-responsibility, mutual aid, and high-quality environments, provides a means by which to reach the ultimate goal of preventing AIDS through education and social action while at the same time emphasizing the acceptance and joy of sexuality as a positive part of life. The health-promotion model calls for a life-span perspective and requires that teachers consider the following question: What are we educating for, and what knowledge, values, and skills do we consider essential for healthy living?

Education about AIDS requires that attention be given to values and to the discussion of sex roles, equity, violence, the ethics of choice, and tolerance of individual and group differences in behaviour and belief. The following values are essential to positive human relationships and are among the basic values that may be related to education about AIDS: equality, honesty, respect for self and others, responsibility, self-control, and social justice.

SETTING THE CLIMATE

The level of trust and the mood of the classroom will affect students' learning. Time should, therefore, be spent on developing and maintaining an atmosphere of acceptance and trust. The role of the teacher in establishing a classroom climate that is conducive to learning involves the following:

- providing physical conditions (e.g., seating, temperature, ventilation, lighting, decoration) that are comfortable and helpful to interaction
- accepting each student as a person of worth and respecting his/her feelings and ideas (e.g., allowing freedom of expression without fear of ridicule or punishment)
- building relationships of mutual trust and helpfulness among students by encouraging co-operative activities and by refraining from inducing competitiveness

The following excerpts from ministry guidelines are particularly appropriate to the topic of establishing an effective classroom climate:

Students must feel free to examine³ and to discuss in depth all sides of a question....

Teachers should exercise taste, discretion, and sensitivity in dealing with specific topics in the areas of human families, human growth and development, sexuality, values and valuing, and sexually transmitted diseases. These topics must be dealt with only⁴ in the context of a well-planned, total program.

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3. Ministry of Education, Ontario, Physical and Health Education, Senior Division, 1975 (Toronto: Ministry of Education, Ontario, 1975), p. 5.
 4. Ministry of Education, Ontario, Physical and Health Education, Intermediate Division, 1978 (Toronto: Ministry of Education, Ontario, 1978), p. 26.

THE INVOLVEMENT OF PARENTS

The prime responsibility for sexuality education rests with the family, and few parents are eager to relinquish it. Parents provide love, warmth, and caring, which are the foundations of many future values and attitudes concerning sexuality. Family life is strengthened by parents who take an active role in communicating with their children.

Some parents may not feel as well-informed as they would like to be; others may be reluctant to discuss sensitive topics in the necessary detail for personal or religious reasons. It is clear, however, that young people must have information, guidance, and support if they are to make wise decisions in this very important and complex area of their lives.

Parents must be made aware of the general content and purposes of the program. As well, school administrators might consider (a) involving parents in a course that covers the same subject matter as the one given to their children or (b) inviting them to a parents' night at which information about AIDS education is provided.

As part of the program on AIDS, students may be given homework assignments. The primary purpose of such homework should be to encourage communication between adolescents and their parents, guardians, or adult friends. In cases where parental involvement is impossible, students should not be made to feel that they have been singled out.

RESOURCES

The following print and non-print materials may be used for reinforcement in the classroom or as resources for the in-service training and professional development of staff and the information of parents.

Since the intention in compiling the list was to reflect the range of materials currently available rather than to present a vetted selection, teachers are advised to carefully assess the materials that they consider using to ensure that they are appropriate for the intended audience and purpose.

Books, Pamphlets, and Articles

Channing L. Bete Company. Pamphlet series, 1987.

"About AIDS and Shooting Drugs"

"AIDS Information for Young People"

"What Everyone Should Know About AIDS"

"Why You Should Be Informed About AIDS"

Available from Channing L. Bete Company, State Road, South Deerfield, Mass. 01373.

Fettner, Ann Guidici, and Check, William A. The Truth About AIDS: Evolution of an Epidemic. New York: Henry Holt and Company, 1986.

Provides historical background and significant details concerning the virus.

Gong, Victor. Understanding AIDS: A Comprehensive Guide. New Brunswick, N.J.: Rutgers University Press, 1985.

Provides significant information about infants and AIDS as well as details on all aspects of the disease.

Gong, Victor, and Reedneck, Norman. AIDS: Facts and Issues. New Brunswick, N.J.: Rutgers University Press, 1986.

Examines the psychological, social, legal, and spiritual ramifications of the epidemic and includes twenty-five essays on health care, social welfare, and education and a glossary of medical terminology.

Greig, James. AIDS: What Every Responsible Canadian Should Know. Toronto: Toronto Sun Publishing, 1987. Examines the most commonly asked questions about AIDS.

Health and Welfare Canada. Achieving Health for All: A Framework for Health Promotion. Ottawa: Supply and Services Canada, 1986.
Available from Health and Welfare Canada, 16th Floor, Brook Claxton Building, Tunney's Pasture, Ottawa, Ont. K1A 0K9.

Institute of Medicine and National Academy of Sciences. Mobilizing Against AIDS: The Unfinished Story of a Virus. Cambridge, Mass.: Harvard University Press, 1986.
Examines the medical facts about AIDS and evaluates research conducted before April 1986.

Koop, C. E. Surgeon General's Report on AIDS. Washington, D.C.: U.S. Public Health Service, 1987.
Available from Public Affairs Office, Hubert Humphrey Building, Room 725-H, 200 Independence Avenue S.W., Washington, D.C. 20201. Telephone: (202) 245-6867.

Lishman, Kakee. "The Second Stage of the Epidemic - Heterosexuals and AIDS". The Atlantic Monthly, February 1987, pp. 39-58.

Moffatt, Betty Claire. When Someone You Love Has AIDS: A Book of Hope for Family and Friends. Santa Monica, Calif.: IBS Press, 1986.
A practical, comprehensive guide, written by a woman whose son has AIDS; valuable for family members, friends, and co-workers of people with AIDS; support groups, educators, and health professionals.

National School Boards Association. AIDS and the Public Schools. Leadership Reports, vol. 1. Alexandria, Va.: National School Boards Association, 1986.
Available from National School Boards Association, 1680 Duke Street, Alexandria, Va. 22314.

Ontario. Ministry of Health. Fact sheet series, 1986.
"AIDS and Health Care Workers"
"AIDS and the Workplace"
"Information About AIDS"
"Information for Parents and Teachers"
Available free of charge from Health Information Centre, Queen's Park, Hepburn Block, 9th Floor, Toronto, Ont. M7A 1S2. Telephone: (416) 965-3101.

Ontario Public Education Panel on AIDS. "AIDS and HIV Infection: Psychological Issues". Toronto: Ministry of Health, Ontario, 1987.
Information for professionals.

Ontario Public Education Panel on AIDS. "Anyone Can Get AIDS". Toronto: Ministry of Health, Ontario, 1987. This pamphlet and the preceding one are available from Ontario Public Education Panel on AIDS, Ministry of Health, 15 Overlea Boulevard, 5th Floor, Toronto, Ont. M4H 1A9. Telephone: (416) 965-2168 or 1-800-269-6066.

Quackenbush, Marcia, and Sargent, Pamela. Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome. Santa Cruz, Calif.: Network Publications ETR Associates, 1986. Available from Network Publications ETR Associates, 1700 Mission Street, Suite 203, P.O. Box 1830, Santa Cruz, Calif. 95061.

Richardson, Diane. Women and the AIDS Crisis. London: Pandora Press, 1987. Explores issues such as women and drugs, pregnancy, prostitution, and caring for someone who has AIDS; includes interviews with women who have AIDS.

Scales, Peter. "The Changing Context of Sexuality Education: Paradigms and Challenges for Alternative Futures". Family Relations, April 1986, pp. 265-273.

Sexually Transmitted Disease (STD) Prevention for Everyone - A Guide - STD Prevention and Personal Hygiene Information Vital to Individual and Collective Health. 15th ed. New York: American Foundation for the Prevention of Venereal Disease, 1987. Available from American Foundation for the Prevention of Venereal Disease, 799 Broadway, Suite 638, New York, N.Y. 10003.

Superior Medical Limited. Pamphlet series, 1987. "Facts About AIDS" "The Wellness Way - Understanding and Preventing AIDS" "Sexually Transmitted Diseases - How to Recognize, Treat, Prevent" Available from Superior Medical Limited, 1530 Champagne Drive, Toronto, Ont. M3J 2T9.

Suzuki, David; Thalenberg, Eileen; Knudtsen, Peter. David Suzuki Talks About AIDS. Toronto: General Publishing, 1987. Examines the history of the epidemic, effects of the virus on the immune system, and transmission and prevention of the disease; includes latest research.

Wachter, Oralee. Sex, Drugs and AIDS. New York: Bantam, 1987. Drawn from the script of the film Sex, Drugs and AIDS, this book includes information about AIDS and photographs from the film.

Yarber, William L. AIDS: What Young Adults Should Know. Student book and teacher's guide. Vancouver: Douglas and McIntyre Educational, 1987.

Non-Print Materials

Films

AIDS: Answers for Young People. Churchill Films, 1987. 16 mm, colour, 18 min. Distributed by Gordon Watt Films. Emphasizes information about AIDS - its transmission and prevention, including abstinence - and compassion for AIDS patients. Suitable for Grades 7 and 8.

AIDS: What Everyone Needs to Know (revised). Churchill Films, 1987. 16 mm, colour, 10 min. Distributed by Gordon Watt Films. Discusses the important facts about AIDS and includes a story about a stricken family; emphasizes the relationship of abstinence from sexual intercourse and the abuse of drugs to the prevention of AIDS. Suitable for Grades 9 and 10.

A Million Teenagers (revised). Churchill Films, 1986. 16 mm, colour, 22 min. Distributed by Gordon Watt Films. Presents information about chlamydia, pelvic inflammatory disease (PID), non-gonococcal urethritis, herpes, and AIDS, as well as gonorrhea and syphilis. Suitable for Grades 9 and 10.

Sex, Drugs and AIDS. Mobius Productions, 1985. 16 mm, colour, 19 min. Also available in videotape format. Dispels the myths of how AIDS is transmitted and provides information about prevention. Suitable for Grade 11 to adult viewers.

The Subject Is AIDS. Mobius Productions, 1987. 16 mm, colour, 19 min. Also available in videotape format. Revised version of Sex, Drugs and AIDS, with the emphasis on abstinence as the most effective way to prevent AIDS. Suitable for Grades 9 to 12.

VD: More Bugs, More Problems. Alfred Higgins, 1986. 16 mm, colour, 20 min. Also available in videotape format. Distributed by Omega Films. Provides a review of sexually transmitted diseases, emphasizing AIDS and chlamydia. The focus is on personal responsibility. Suitable for Grades 9 to 12.

Videotapes

Note: In addition to the following, a videotape about sexually transmitted diseases and AIDS for Grades 7 and 8 is being produced by the Ontario Public Education Panel on AIDS (OPEPA) and will be available during the 1987-88 school year.

About AIDS. International Tele-film, 1986. Colour, 15 min. Unlimited.

A factual presentation on AIDS. Suitable for Grade 11 to adult viewers.

AIDS: The Facts, the Future. OPEPA, 1987. B/W, 20 min. The videotape, narrated by David Suzuki, provides a general review of AIDS prevention. It is available from OPEPA for \$25.00 and may be copied by schools. Suitable for Grade 9 to adult viewers.

AIDS: A Family Experience. OPEPA, 1986. B/W, 30 min. Focuses on the experiences of one man who had AIDS and the impact on his family. The videotape is available from OPEPA at a cost of \$50.00 and may be copied by schools. Suitable for Grade 11 to adult viewers.

AIDS: A Report. The Nature of Things. CBC, 1987. Colour, 50 min.

This videotape, presented by David Suzuki, highlights the immune system and AIDS. The program was initially presented on "The Nature of Things", on March 11, 1987. It is suitable for Grade 11 to adult viewers.

The Immune System and AIDS. OPEPA, 1986. B/W, 10 min. Describes the impact of the AIDS virus on the immune system. The videotape is available for \$17.00 from OPEPA and may be copied by schools. Suitable for Grade 7 to adult viewers.

Audiotape

AIDS: A Report. Quirks and Quarks. CBC, 1987. Presents information about AIDS in a question-and-answer format. It was aired on the award-winning radio program "Quirks and Quarks", on April 4, 1987.

Organizations and Associations

National AIDS Centre (NAC)

Room B7, Health Protection Building
Tunney's Pasture
Ottawa, Ont.
K1A 0L2
(613) 957-1772

Source of the latest information about AIDS, including statistics; deals with issues of concern, such as mandatory testing, confidentiality; advises Minister of Health and Welfare.

Canadian Public Health Association (CPHA)

AIDS Awareness and Education Program

1355 Carling Avenue, Suite 210
Ottawa, Ont.
K1Z 8N8
(613) 725-3769

The CPHA performs the following activities with regard to AIDS:

- acts as a clearing house for general information on AIDS;
- provides consultation and research co-ordination services;
- undertakes educational projects;
- holds seminars and conferences on AIDS;
- undertakes media and advertising services;
- publishes a bimonthly newsletter, The New Facts of Life, which provides updates on AIDS material and the CPHA AIDS Education and Awareness Program. The newsletter is available free of charge on request.

Ontario Ministry of Health

Ontario Public Education Panel on AIDS (OPEPA)

15 Overlea Boulevard, 5th Floor
Toronto, Ont.
M4H 1A9
(416) 965-2168 or 1-800-268-6066

OPEPA's goals are to encourage the people of Ontario to be informed and knowledgeable about AIDS and HIV infection and to promote a community environment that is humane, compassionate, and understanding.

OPEPA performs the following services with regard to AIDS:

- provides print materials (fact sheets and pamphlets) free of charge on request;
- maintains an audio-visual loan library;
- provides a speaker referral service;
- maintains a toll-free line (1-800-268-6066) to provide general information.

Ontario Ministry of Health
Health Information Centre
Queen's Park
Hepburn Block, 9th Floor
Toronto, Ont.
M7A 1S2
(416) 965-3101 or 1-800-268-1153

Print materials may be ordered in quantity, free of charge, from the centre.

The Ministry of Health also provides information and help through the AIDS Hot Line at 1-800-268-8400.

Local Organizations and Associations

- Public-health units
- Sexually-transmitted-disease clinics
- Community-based AIDS organizations
- Canadian Red Cross branches
- Home-care programs
- Legal Aid
- Addiction Research Foundation branches

RESOURCE DOCUMENT

Materials for Use in the Mandatory Health Education Units

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**Education
About
AIDS**

PART C

Teaching Strategies
Grade 7 or 8 Physical and Health Education

1987



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INTRODUCTION

This part of the kit presents teaching strategies for use in the Grade 7 or 8 health education program. These strategies aim to provide students with facts about HIV and AIDS,¹ so that they can learn how the disease can be prevented and how personal choices about sexual behaviour can be implemented in responsible relationships.

The question-and-answer format provides a model of how to approach the various aspects of AIDS that should be included in the health education unit of study. Teachers and students may wish to pose additional questions. The answers provided in this document can serve as a model for teachers' responses, indicating the appropriate level of emphasis and degree of complexity.

Three different approaches are outlined. These approaches are not the only ones that may be used; local boards and schools may combine activities from the three approaches to develop additional strategies. The three approaches suggested, however, indicate the degree of emphasis and level of detail that are appropriate for the treatment of the topic of AIDS in the Grade 7 or 8 program.

"Strategy 1: The Information Approach" places AIDS in the context of sexually transmitted diseases and provides information about STDs and AIDS through a question-and-answer format. The "AIDS Facts or Fallacies" quiz is included as a possible evaluation tool.

Information alone is not enough to enable students to deal with the complexity of this disease. It is suggested that time also be given to "Strategy 2: The Living-Skills Approach". Values awareness, decision making, and assertiveness have been selected as living skills that can be integrated into the content related to AIDS to help young people to make and act on sound decisions about their health.

"Strategy 3: The Case-Study Approach" provides students with opportunities to apply facts about AIDS to responsible decision making and at the same time to examine the social impact of the disease.

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1. In this document, the medical term HIV is used to refer to the virus that causes AIDS, often simply called the "AIDS virus" in non-specialist literature. For a glossary of terms used in this document, see Part A, p. 24.

Special emphasis should be placed within the unit on the positive aspects of sexuality. A balanced and responsible view of intimacy, based on a sensitive awareness of human behaviour, should accompany any discussion of the problems associated with AIDS. In this way the educational process will stress a concern for the well-being of the self and others and a hopeful outlook on the future.

STRATEGY 1: THE INFORMATION APPROACH

Information about sexually transmitted diseases (STDs) and AIDS can be presented through the use of audio-visual materials and a question-and-answer format. The following questions and answers are intended as examples and are by no means exhaustive.

Questions and Answers About STDs

1. What are STDs?

STDs are diseases transmitted by sexual contact. There are many different types of STDs, with different causes, symptoms, treatments, and results. Sometimes people with an STD have no symptoms and can unknowingly pass the disease to others. Some common STDs include gonorrhea, chlamydia, non-gonococcal urethritis, and genital herpes. AIDS is a relatively new, but life-threatening, STD.

2. Why is it important for people to be aware of STDs?

It is important that everyone be aware of this group of diseases because STDs require decisions that may affect one's own health and that of others. A person who contracts an STD has important social and moral responsibilities, which include finding medical treatment and notifying his/her sexual partner or partners.

3. What is the best way to avoid an STD?

Sexual abstinence is the most effective means of prevention. In addition, STDs can be prevented through:

- the avoidance of intimate sexual contact with an infected person or with one who has signs of an STD;
- the proper use of a latex condom with spermicidal foam;
- urination following intercourse and the washing of the sexual organs with soap and water.

4. Who can get STDs?

Anyone who has intimate sexual contact with an infected person can get an STD. The greater the number of sexual partners one has, the greater the chance of getting an STD.

5. What are the signs of an STD?

The following signs may appear on or near the sex organs: a sore, an irritation, an itch, a discharge, a burning sensation on urination. The following other symptoms may also be noticed: unusual and recurrent lower-abdominal cramps when not associated with menstruation; unusual vaginal discharge, which may leave a strong odour, or discharge from the penis.

Some symptoms may show up within two days after contact with an infected person, or they may not show up for months. Even if these symptoms disappear after a while, they always mean that something is wrong. Although they do not always mean that the person has an STD, a checkup is required.

6. Are there always signs of infection?

No! There are not always signs of infection. A person may have an STD, not know it, and thus pass it on. Common sense suggests that if a person has more than one sexual partner, regular STD checkups are necessary for all partners.

7. What are some common STDs?

Common STDs include the following:

Gonorrhea. In the male the symptoms of gonorrhea are a burning feeling during urination and the discharge of pus from the penis. However, some men will have no symptoms.

Females also may show no signs of the infection. When symptoms do appear, they will be in the form of a mild burning feeling during urination and a slight discharge from the vagina. Occasionally the symptoms are very severe and require admission to hospital.

A person who suspects gonorrhea should go to a doctor or visit a clinic as soon as possible. Gonorrhea can be cured.

Chlamydia. Chlamydia is believed to be more common than gonorrhea, and its symptoms may be similar. Illness usually appears from one to five weeks after sexual contact with an infected person. Males have a discharge from the penis or pain during urination; females may have no signs or may have a burning sensation on urination and a vaginal discharge. Chlamydia can be treated with appropriate antibiotics.

Infection can be transmitted to the newborn at birth, causing conjunctivitis or, in some cases, pneumonia.

Non-gonococcal urethritis (NGU). Non-gonococcal urethritis is an infection of the lining of the penis. This is not caused by gonorrhea, but the signs, including a burning feeling on urination and a discharge, are similar to those of gonorrhea. Several bacteria can cause NGU, but the most common is chlamydia.

Genital herpes. Genital herpes is an infection caused by a virus closely related to the virus that causes cold sores (fever blisters) around the mouth. The herpes virus is spread during intimate sexual contact between an infected person and one who is not infected. There is no cure for herpes.

8. What are the effects of untreated STDs?

Unless the person infected with an STD receives treatment, his/her general health will decline. Moreover, STDs can cause permanent damage to the reproductive system and, in some cases, to other body systems. Gonorrhea or chlamydia can cause pelvic inflammatory disease (PID), a serious infection, in women. Some STDs cause sterility or infertility. STDs can cause a great deal of pain. Some STDs can be passed from the mother to the fetus in the womb or during the birth process. Unless treated, the person infected with an STD may continue to pass the bacteria or virus on to a partner.

9. What should be done if an STD is suspected?

Only a doctor can treat an STD. All treatment is strictly confidential. It is essential that a person not have intimate sexual contact with anyone until the STD is cured.

Treatment varies, depending on the type of STD. Following a physical examination by a doctor, treatment could include antibiotics such as ampicillin and tetracycline.

In Ontario, the doctor is responsible for reporting certain types of STDs to the health department or unit. The public health department is responsible for follow-up treatment and counselling of sexual contacts. All partner counselling is completely confidential.

10. What community information and treatment centres exist in your area?

The local health unit will supply this information.

11. What is the most serious STD?

AIDS (acquired immune deficiency syndrome). The term AIDS describes only the most serious form of an infection that is caused by a virus called HIV (human immunodeficiency virus). If this virus gets into a person's blood, it infects and may destroy certain white blood cells, called helper T-cells. These white blood cells are very important to the body because they help fight disease. Once the cells are weakened, the body's immune system cannot work properly.

People with AIDS cannot fight a number of rare infections (e.g., a lung infection, Pneumocystis carinii pneumonia) and cancers (e.g., Kaposi's sarcoma). Since at the present time there is no cure for AIDS, people die of these serious illnesses.

In Canada, the most common way of contracting AIDS is by having sexual contact with an infected person. The second most common way is by sharing a needle contaminated by blood from an infected person during illegal intravenous drug use.

AIDS Facts and Fallacies

The "AIDS: Facts or Fallacies" quiz² can be completed by students as an introduction to AIDS. They can then be shown a videotape or film and take part in a question-and-answer session, which will provide them with information on various aspects of AIDS. Students can complete the unit by taking the quiz again to determine how much they have learned.

The correct answers are as follows:

1.F	4.T	7.F	10.T	13.T
2.T	5.T	8.T	11.F	14.T
3.T	6.F	9.F	12.T	15.T

2. Adapted, with permission, from William L. Yarber, AIDS: What Young Adults Should Know (Vancouver: Douglas and McIntyre Educational, 1987), pp. 2-3.

AIDS Facts or Fallacies

For each statement below, circle the letter (T, F, or U) that reflects your belief about the statement. This test will show you how much you already know about AIDS.

Answer Key: T = True; F = False; U = Undecided

- | | |
|-------|---|
| T F U | 1. Everyone infected with HIV has developed AIDS. |
| T F U | 2. HIV itself usually does not kill the person. |
| T F U | 3. A person having the virus can pass it on even though that person shows no symptoms of AIDS. |
| T F U | 4. The exchange of certain body fluids, such as semen or blood, during sexual activity is a way of transmitting the virus. |
| T F U | 5. Drug abusers who share drug needles and syringes run a very high risk of developing AIDS. |
| T F U | 6. A person can get HIV infection from giving blood. |
| T F U | 7. Only homosexual or bisexual men get AIDS. |
| T F U | 8. Women can pass on the virus to sex partners. |
| T F U | 9. A positive antibody test for HIV always means that the person has got or will get AIDS. |
| T F U | 10. Students who have engaged in high-risk sexual or drug-abusing behaviours can get confidential AIDS testing and counselling. |
| T F U | 11. The virus that causes AIDS can be spread through everyday social contact, such as touching or being near a person with AIDS. |
| T F U | 12. A person who abstains from sexual intercourse, or uninfected partners who remain sexually faithful to each other and who do not abuse needle drugs, have almost no chance of getting HIV infection or AIDS. |
| T F U | 13. The proper use of the right kind of condom is a good way to reduce the chance of getting the virus. |
| T F U | 14. People infected with the virus through needle-drug abuse can pass it on to sex partners even though their partners do not abuse needle drugs. |
| T F U | 15. One can get information about AIDS from a physician or community health organization. |

Questions and Answers About AIDS

1. What is AIDS?

AIDS (acquired immune deficiency syndrome) is the most serious form of an infection that is caused by human immunodeficiency virus (HIV).

2. What causes AIDS?

AIDS is caused by human immunodeficiency virus (HIV). If HIV gets into a person's blood, it infects and may destroy certain white blood cells, called helper T-cells. These white blood cells are very important to the body because they help to fight disease. Once the cells are weakened, the body's immune system cannot work properly.

3. How is the virus that causes AIDS transmitted?

The virus is transmitted primarily through sexual intercourse (anal or vaginal) or oral sex. The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It may enter a person's bloodstream through the anus, vagina, penis, or mouth. Small, almost invisible tears in the surface lining of the vagina or rectum may occur during insertion of the penis. The virus can be contracted most readily through anal intercourse with an infected person.

The risk of infection increases with the number of sexual partners. The more partners a person has, the greater the risk of having a partner with HIV infection or AIDS.

HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse. It can also pass from a pregnant woman to the fetus in her womb. To date there are no documented cases in which kissing has been responsible for the transmission of HIV. Dry or social kissing presents no danger of infection.

4. How contagious is the virus that causes AIDS?

HIV is not considered to be highly contagious. The virus is very fragile and cannot be spread through the air, nor can it live outside the body for any length of time. It cannot be spread by casual contact with persons or things; for example, it cannot be transmitted through food, water, eating utensils, drinking fountains, swimming pools, hot tubs, toilets, or such much-handled objects as money, door knobs, or telephones. Since the virus cannot be transmitted

through the air, it cannot be spread through coughing or sneezing.

HIV has been found in tears, saliva, and breast milk. To date there are no documented cases in which tears or saliva alone have been responsible for the transmission of the virus and only one case involving breast-milk transmission.

5. How does the virus attack the immune system?

When disease-causing organisms enter the body, special white blood cells, called helper T-cells, attack these organisms. The helper T-cells stimulate B-cells (white blood cells) to make antibodies, which start to kill the disease organisms. Other special cells move in to destroy the bacteria or viruses, but these are able to work only if they are helped by the T-cells. The T-cells are an essential part of the immune system.

If HIV enters the bloodstream, it attacks the helper T-cells and literally takes them over. The helper T-cells in turn produce additional HIV and are destroyed in the process.

A person infected with HIV may show no signs of the disease. The incubation period for AIDS (i.e., the time between infection and the development of symptoms) can be as long as ten years, and during this time the virus may gradually destroy the helper T-cells. This results in the deterioration of the immune system.

If a person is carrying the virus, that person can still infect others, even if he/she shows no sign of the disease. A carrier may not know that he/she is a carrier. People infected with HIV will remain infected for the remainder of their lives or until a cure is discovered.

6. What are the signs and symptoms of HIV infection?

No signs or symptoms. Some people remain apparently well after having been infected with HIV. They may have no physically apparent symptoms of illness. However, if proper precautions are not taken during sexual contacts or intravenous drug abuse, these infected individuals can spread the virus to others. Anyone who thinks that he/she is infected should not donate his/her blood, organs, tissues, or sperm, because they may now contain the virus that causes AIDS. As well, such an individual should seek appropriate counselling.

AIDS-related complex (ARC). This is a condition caused by HIV in which the infected person has a specific set of

clinical symptoms. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, and swollen lymph nodes that persist for a long time. These are also signs and symptoms of many other diseases, and a doctor should be consulted for diagnosis.

AIDS. Only a medical doctor can diagnose AIDS, which is the end stage of a progression of infection caused by HIV. AIDS destroys the body's immune system and allows otherwise controllable infections to invade the body and cause additional diseases. These opportunistic infections, which would not otherwise cause illness, may eventually cause death. Although HIV in all infected people is essentially the same, the reactions of individuals may differ.

Symptoms of AIDS and the opportunistic infections may include a persistent dry cough and fever with shortness of breath or difficult breathing. These symptoms are associated with Pneumocystis carinii pneumonia, a parasite found widely in nature and in the lungs of animals and humans.

Persons with AIDS may also develop Kaposi's sarcoma, a rare form of cancer. Multiple purplish blotches and bumps on the skin may be a sign of this cancer.

HIV may attack the nervous system and cause delayed damage to the brain. Some of the symptoms of this damage, which may take years to develop, are memory loss, apathy, loss of co-ordination, partial paralysis, and mental disorder.

7. Who is at risk from AIDS and HIV infection?

People who practise certain behaviours are at risk. The following are examples:

- a person who has a sexual relationship with an infected person
- people with many sexual partners, who are more likely to have intercourse with an infected person
- people who abuse intravenous drugs and share needles

8. How can AIDS and HIV infection be prevented?

Education is the best defence against AIDS and HIV infection. A vaccine is very unlikely for many years. To date there is no treatment capable of destroying HIV and

repairing the body's immune system. The following is a list of preventive measures:

- Sexual abstinence is the most effective means of preventing the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.
- If abstinence or mutual monogamy is not practised, the correct use of a latex condom with spermicidal foam or a water-based lubricant is the only practical way to protect oneself against the disease.
- Obviously, the most effective precaution intravenous drug abusers can take against HIV is to stop using drugs. Those who choose to continue to abuse drugs should refrain from sharing their own or using other people's equipment (needles and syringes).
- In consideration of others, a person with HIV infection, ARC, or AIDS has a responsibility to take every possible precaution to avoid transmitting the virus.

9. Is there a cure for AIDS?

No. At present persons with AIDS die an average of eighteen months after being diagnosed.

10. How are AIDS and HIV infection treated?

At this point AIDS and HIV infection cannot be treated. Doctors treat the opportunistic infections.

Follow-up Activities

1. a) Students draw up a chart of information about STDs (vaginal infections, gonorrhea, chlamydia, non-gonococcal urethritis, genital herpes, and AIDS). They should arrange this material under the following headings: Disease, Transmission, Symptoms, Prevention and Treatment, Sources of Information.

b) After discussing their charts in class, students take them home to discuss with their parents or an adult friend. (Parents might also be interested in having copies of fact sheets on STDs and AIDS. They might also take advantage of a television program or newspaper article on AIDS or other STDs to discuss the subject with their children.) Students could then report to the class on what they have learned from their discussions.

c) Many classes have adopted a child in a Third World country. The money sent to support the child and his/her family helps to combat malnutrition. Students can use the continuum to compare the incidence of malnutrition in Ontario with that in the adopted child's country, using the following questions to guide the discussion:

- Where is Ontario on the continuum?
- Where is the Third World country on the continuum?
- What factors account for Ontario's place on the continuum? For the Third World country's?
- What measures might be taken to move both places to the left end of the continuum (i.e., towards eradication)?
- Whose responsibility is it to take action?

d) AIDS has not yet reached epidemic proportions in Canada, but it has the potential for epidemic incidence. Placing AIDS on the continuum, students can use similar questions to those in sections (a) and (c) to guide a discussion on AIDS. By comparing the information on AIDS with that on measles, other epidemics, or malnutrition, students will be able to see AIDS in perspective, understand the severity of the disease, and recognize the importance of personal responsibility.

3. Students investigate the current goals of public-health officials regarding AIDS, basing their investigation on up-to-date information from a variety of sources. Students could conduct interviews with public-health personnel (e.g., a medical officer of health, school nurse, or dentist) or examine radio, television, newspaper, and magazine coverage.

STRATEGY 2: THE LIVING-SKILLS APPROACH

The revised physical and health education program will require teachers to integrate living skills (see table 2 in Part B of this kit) with health education content. In this approach, the health education content is seen as a way of reinforcing and supporting the development of living skills.

Living skills are personal and interpersonal skills that enable people to use information in order to take charge of their health. They help people to make and act on sound decisions about their health. In the case of AIDS, although the media and the government have bombarded the public with factual information, people must still decide how they will behave in the light of that information.

An opportunity to consider the complexity of situations such as these is important. Young people need time to unravel the complexity of relationships, to examine the stereotypes and influences they have been exposed to, and to assess their values and beliefs. They must be helped to value themselves sufficiently to care about what happens in the future and to weigh the pros and cons of adolescent risk taking. They must explore and practise the skills that will enable them to decide what they need to do to take care of themselves and allow them to be assertive and confident enough to take the necessary action.

Values awareness, decision making, and assertiveness have been selected as examples of living skills that might be integrated into the topic of AIDS. These skills can also be integrated into the case-study approach, which is discussed in the next section.

Values Awareness

Students must develop skill in recognizing and dealing with the values issues raised by AIDS. For example, they should consider the values expressed in the following statement on the issue of AIDS prevention (see page 12):

Sexual abstinence is the most effective means of preventing the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in a permanent relationship.

To have only the facts about AIDS is not enough. Students must begin to sort out their feelings and beliefs

about the disease in order to behave responsibly towards themselves and others.

Many adolescents are moving towards the adoption of new values in addition to or in place of their childhood ones. This transition sometimes causes difficulties at home and at school; in this respect, it is essential that values taught by parents should not be ridiculed. By the time an individual is eighteen or nineteen years old, a new self has emerged. This young adult then enters the next stage of life.

Activities

From a general discussion on values awareness, as outlined in the resource document Personal and Societal Values (Toronto: Ministry of Education, Ontario, 1983), teachers could proceed to the following activities:

1. a) The teacher reviews information about AIDS through the discussion of a fact sheet. (Note: A fact sheet about AIDS for Grade 7 or 8 is being prepared by OPEPA for the school year 1987-88. The fact sheet prepared by students in activity 1(c) of strategy 1 on page 13 could also be used here.) The class then lists key issues associated with AIDS in areas such as the following: the treatment of, and testing for, AIDS; immigration and legislation; resources and government grants; research; privacy and confidentiality; discrimination and life- and health-insurance policies; quarantine; stigmatization (of homosexuals, prostitutes, recipients of blood transfusions); attitudes towards AIDS patients (e.g., that of the health-care worker who is afraid of close contact despite being informed that casual contact is safe); abandonment of infants and children with AIDS.

b) Students could collect ideas about issues from recent newspaper clippings.
2. a) The teacher outlines a situation or an issue related to AIDS and, by using key questions, provides a model for students to follow in examining values with respect to the issue. The following statement raises an issue that might be considered: "AIDS patients need their own advocate to cut through the welfare bureaucracy to get help with housing, welfare money, and drug plans. The delays and bureaucratic mazes are difficult to deal with for someone with AIDS. Jobs and housing could be lost not only for medical reasons but because of discrimination."

The following are key questions that might be used to examine values related to the issue. The questions have been adapted from Personal and Societal Values, page 14.

- Do you agree with these statements? What course of action would you recommend?
- Is your plan workable?
- How would you like it if it were applied to you?
- How does the plan consider the rights of others?
- How does it create new problems?
- What would be the implications if the plan were universally accepted?
- Is the decision supportive of the values that are essential to the well-being of the individual and society?

b) The class is divided into small groups to discuss the issue, using the suggested questions as a guide. One student acts as recorder for the group and agrees to provide feedback to the large group.

c) The teacher directs feedback from small groups and links responses to particular values.

3. In summary, students might discuss questions such as the following:

- How should AIDS and HIV infection be viewed?
- How should people behave towards those with HIV infection?
- How should people behave towards those suffering from AIDS itself?

Decision Making

Decision making is an important living skill for young people, who are faced with choices that are often difficult to make and that may have long-ranging consequences. Adolescents are examining their own values and at the same time are trying to deal with pressure from friends.

The classroom setting provides students with a safe place in which to examine hypothetical situations and dilemmas before they arise in real life. The range of choices available in a given situation, the implications of selecting particular options, and the importance of such basic human values as honesty, self-control, and respect in making the decision should be emphasized.

The purpose of this strategy is to get young people to look systematically at dilemmas, to weigh the options, and to take responsibility for the consequences of their actions: that is, to practise making decisions.

Activities

1. Students examine the following situation, using the questions below to help them find a solution:

Mary is a student at Orleans Senior School. She is thirteen years old. Her parents do not think she should date until she is sixteen. Jim, a boy in her class, has asked her to go to a class party. Mary knows that her friends will be there and that she will be embarrassed if she says no. But she knows that her parents do not want her to go.

- What are Mary's options?
- What might be the consequences of each option?
- How will Mary decide what to do?
- What would you do?

2. Students divide into pairs to discuss the following situation and arrive at a solution, using the questions below to help them find a solution:

Bill has AIDS. He has Kaposi's sarcoma, and some of the lesions from the disease show on his face. He and his brother have just bought tickets to a movie when the manager of the theatre notices his condition. The manager asks them to take a seat in the balcony. How should they react?

- How did Bill and his brother feel at this point?
- What are their possible responses to the manager's request?
- What might be the consequences of each option?
- How should they react?
- How is Bill protected by the Ontario Human Rights Code?

Assertiveness

Assertiveness is another important living skill for young people. The ability to present one's needs, values, and beliefs to others and defend them if challenged is critical for the development of a positive self-image.

Components of Assertive Behaviour

Assertiveness involves a number of skills, which should be practised until they can be used in a natural way. The feeling of personal control is an important factor in both assertiveness and the management of AIDS. The following are components of assertive behaviour: empathy; active listening; an appreciation of the feelings of others when giving them feedback; the expression of feelings, especially angry feelings, assertively; negotiation skills; effective body language (posture, eye contact, tone of voice, facial expression).

Role playing is a strategy through which students may practise the component skills of assertiveness in order to increase their understanding of themselves and of the feelings of others. A climate must be established in which students feel that they are safe, that they can express strong feelings, and that their ideas and feelings will be respected.

Activities

1. The teacher explains the difference between non-assertive, aggressive, and assertive behaviour and discusses the component skills of assertiveness and the effects of certain behaviours. The teacher and student volunteers then role-play a situation such as the following to illustrate non-assertive, aggressive, and assertive behaviour:

Michael is a fourteen-year-old student. His grades are better than average. He excels in athletics. Recently his physical and health education teacher has noticed that he seems subdued in class. In the past few weeks, Michael has not performed as well as usual. As the students are leaving the gymnasium, the teacher sees a student bump into Michael and say, "Outa my way, faggot."

After the role play, the teacher and class explore the feelings and the non-verbal and verbal behaviours that were expressed. They might consider questions such as the following:

- What human resources can the teacher draw on in deciding what to do?
- Whose responsibility is it to deal with this issue?
- How is the issue raised?
- What is the outcome?

Students can develop other situations for role playing.

2. Students react to the statements on page 21 by making assertive responses that are in line with their personal values. The following approaches might be used:

a) Working in groups of five to six, two students respond to the statements, while the others in the group comment on the dialogue.

b) Working in pairs, students take turns responding to the statements in the following ways:

- responding by using the word no firmly rather than by using weaker phrases
- shaking their heads
- avoiding justifying themselves
- using repetition

- "If you don't come to the party, you can forget our friendship."
- "You always say no to having fun. Won't you ever relax?"
- "Don't worry. I'll take care of everything."
- "Want to hear this new joke about AIDS?"

STRATEGY 3: THE CASE-STUDY APPROACH

A case study is a description of a hypothetical event or situation that illustrates a problem. Students work through case studies to define and, in some cases, to resolve the problems they illustrate. The case study provides a forum for the examination of the components of the problem and of the ways in which the choice of different options might affect the situation.

The case studies outlined below are intended to enhance students' living skills in the areas of values awareness, decision making, and assertiveness with regard to AIDS. Whether students analyse the case studies on paper or in a large or small group, they must learn to apply generalizations, to empathize, and to predict. They must also be able to identify with the feelings of all of the people in the case studies.

Some of the case studies have been taken from real-life situations and have been edited and changed for educational reasons. The facts provided are substantiated by research and clinical practice and confirmed by the Ministry of Health as of August 1987.

The six case studies provide the opportunity to deal with various issues related to AIDS. The teacher should select case studies for inclusion in the unit on the basis of the needs and interests of the students in the class.

There are various ways to present the case studies. For example, copies of a case study could be handed out; the teacher could read it to the class; students could act out the situation; a student could read the case study; or individuals could relate real-life problems to the study. Suggested questions and answers have been included for each of the case studies. These may be helpful as a guide in the analysis and discussion of the case.

Case Study 1

Some children are born without an immune system. This condition is called Severe Combined Immune Deficiency Syndrome (SCIDS). AIDS patients acquire immune deficiency. Case study 1 provides an introduction to the importance of the immune system in relation to AIDS.

The Immune System

A few children have been born without an immune system. David, from Texas, was one such boy. David lived his life in a series of plastic bubbles because his body could not fight off any germs. His body lacked an immune system. He breathed filtered air and ate sterilized food. There were many kinds of food that he could not eat. He was protected from all germs. He never got sick, but he was never able to be touched by another human being, even his mother and father. He could not pat a puppy or touch the ordinary things in his home that he could see through his plastic bubble. He was never able to play games, to go to school - to be a normal child. When he reached the age of twelve, his family and medical doctor decided to take the risk and to let David be a normal child outside his bubble. He was given bone-marrow transplants to build up his immune system. Tragically, David became infected with a virus that caused cancer, B-cell lymphoma, and he died four months later. Life is impossible without an immune system, but a person can live with a damaged immune system.

Suggested Questions and Answers

1. How does the body's immune system normally work?

Ask students if they remember reading about David, who was known as "the boy in the bubble". David provided doctors with new insight into the functioning of the immune system. David had no helper T-cells and only a few B-cells, which are the cells that produce antibodies.

Scientists today know much about the complex details of how the immune system works and how the healthy body fights off invading bacteria, viruses, parasites, and other organisms.

White blood cells make up the key parts of the body's immune system; these cells include B-cells, helper T-cells, and macrophages. Each organism that invades the body has its own unique identification, called an antigen. The B-cells manufacture antibodies that bind to the antigens of the invader and trigger

the immune system. The helper T-cells give chemical directions to the macrophages to track down the germs and destroy them. When the body's immune system works properly, germs are killed in the body before they make the person sick. The antibodies stop the growth of disease. When the "battle" is over, other T-cells, called suppressor T-cells, stop the B-cells from producing antibodies, and the cycle is complete.

2. Can a healthy immune system be disabled?

Yes. Under normal conditions, the helper T-cells stimulate B-cells to make antibodies whenever disease organisms enter the body. Bacteria and viruses that invade the immune system attempt to halt this process. When HIV enters the body, for example, it takes over the helper T-cells. Now, instead of helping the body, the helper T-cells produce more virus, which in turn takes over more helper T-cells. Since the body needs these helper T-cells to fight off infection, the damage to the immune system is mainly the result of the destruction of the helper T-cells when the body is infected with HIV. Lack of sanitation and a multitude of other infections can contribute to a depressed immune system.

3. What happens to a person when the immune system is disabled?

When the immune system is disabled, it cannot cope with organisms that occur commonly in the environment and often live harmlessly within the body. When these organisms take advantage of the depressed immunity to cause disease, the resulting infections are called opportunistic infections. Examples of such infections associated with AIDS and HIV infection are Pneumocystis carinii pneumonia, unusual forms of tuberculosis, and a cancer called Kaposi's sarcoma. Eventually infections occur that are not curable. Most AIDS-related deaths result from the diseases that develop because of a severely damaged immune system.

4. What health habits promote a healthy immune system?

Sufficient sleep, good nutrition, exercise, and the avoidance of non-medical drugs are essential to a healthy immune system.

Stress management is also important. The immune system is linked to the brain and is therefore vulnerable to psychological stress. Research has suggested that stressful mental states weaken the immune system's capability to withstand disease.

Case Study 2

In the past, children have contracted HIV infection through blood transfusions. These transfusions were necessary as part of their therapy for particular illnesses or health disorders (e.g., leukemia, kidney disease, haemophilia) or as a life-saving measure following surgery or an accident.

Fear of AIDS

Fourteen-year-old Marguerite was injured in a car accident in 1982 and required a blood transfusion. The blood she was given was contaminated with HIV, and she developed AIDS in 1984, just when the general public was becoming aware and frightened of this new disease.

Marguerite was taken out of school for some time when she first became ill. When her parents and doctor felt that she was well enough to return to school, she was re-enrolled. However, because she was from a small community, the fact that she had AIDS had become generally known. Many parents were afraid for their children and complained to school officials about Marguerite's being permitted to stay in school. Some kept their children at home. They also picketed outside the school and even took school officials to court to stop them from permitting Marguerite to attend. The court ruled that these parents were wrong and that Marguerite could attend school. Marguerite's parents, very positive and loving people themselves, were able to nurture Marguerite's self-esteem in spite of the picketing and the angry feelings of some of the other parents.

The situation has since been resolved, and Marguerite is at school when she is well enough to attend.

Suggested Questions and Answers

1. Why were some of the parents in the school afraid to let their children associate with Marguerite?

The parents did not understand that a person cannot catch AIDS through casual contact on the playground; by using public washrooms, swimming pools, public telephones, or drinking fountains; by eating in restaurants; by hugging people; and so on.

It is important to understand that AIDS is not spread by casual contact. The virus that causes AIDS is most often contracted through sexual intercourse with an infected person - male or female. It is also spread by intravenous drug abusers through the use of

contaminated needles or from an infected mother to the fetus in her womb.

Many studies have shown that in most cases the virus that causes AIDS does not spread in situations involving non-sexual or non-needle contact. Of the AIDS cases known in the world, almost all can be accounted for by these routes of transmission. Tens of thousands of health-care workers have been casually exposed to AIDS patients, but of these only a few have developed HIV antibodies, mainly through accidents with needles.

2. Are people who get blood transfusions still in danger of getting AIDS?

No. Since November 1985, the Canadian Red Cross, which offers blood-transfusion services, has been screening all blood donations for antibodies to HIV. Blood that contains the antibodies is destroyed. As well, many processed blood products are pasteurized, which kills the virus that causes AIDS.

3. What possibility is there that Marguerite's mother will contract AIDS from her?

No one has developed AIDS as a result of normal intimate contact other than sexual contact with a family member with AIDS. However, if a family member is involved in the care of an infected person, safety precautions, such as the use of plastic gloves before any contact with body fluids and the use of bleach solutions for clean-ups, are recommended.

Studies by scientists of the families of people with AIDS and of health-care workers involved in the care of people with AIDS consistently confirm that it is not possible to contract HIV except by the previously described routes or in very exceptional circumstances.

4. How do you think children in Marguerite's position would like to be treated?

They would find it very difficult to have this disease in the first place, given all that is said about it in the media, and they would like to have the support of their schoolmates, friends, and teachers to make things easier for them. They would find it hard to understand why people were afraid of them and wanted to isolate them because they were sick, especially since they have been told that they cannot give this disease to anyone

else by going to school. They would probably want to go to school when they felt well enough to attend.

5. Should a child with AIDS be allowed to go to school?

Yes. There is no reason to keep a person away from school because he/she has AIDS. Current evidence indicates that casual person-to-person contact such as would occur among children at school poses no risk.

When a child becomes ill, the procedure to be followed is summarized in the statement below, issued by the Ministers of Health and Education:

Every case of AIDS is reported to the medical officer of health. Therefore, if a schoolchild is found to have AIDS, the medical officer of health will assess all the circumstances of the case and decide if the child may safely attend school.... This follows the protocol for Hepatitis B infection. The medical officer of health will also monitor the child's condition closely and continually assess his or her appropriate placement. If the child is not able to attend school, then the education authority will make other arrangements for the child's education.³

6. How might Marguerite's parents have kept her self-esteem so high during this crisis?

Marguerite's parents talked to her and assured her that she would be able to go to school with her friends once people understood the disease and no longer feared that it could be passed to others by casual contact.

7. Why did the courts permit Marguerite to attend school over the objections of other children's parents?

The courts are concerned about both Marguerite's right to attend school and the rights of parents to protect their children from any dangers. However, after objectively viewing the medical and scientific evidence on the virus that causes AIDS, they concluded that there was no danger of casual transmission and that Marguerite's right to attend school was more important than the other parents' attempts to have her kept out.

3. Statement of the Ministers of Health and Education, October 15, 1985.

8. Should other people have known about Marguerite's having AIDS?

No. There is no reason for her private medical records to have been shared with the public or even with school authorities, given that her presence in school was not a danger to others. This rule applies to all diseases and not just to AIDS. Because this information was shared, Marguerite and her family were caused a great deal of additional suffering as a result of being picketed and publicly labelled. The other parents also suffered unnecessary anxiety. In Ontario, only the family, Marguerite's doctor, and the local medical officer of health would be told, and they would decide whether Marguerite was well enough to attend school after a consideration of her own health and risk of developing an infection, as well as of any possible risk of her passing the virus on to others. (See the Health Protection and Promotion Act, 1983, section 38(1).)

Case Study 3

Although the number of small children who have contracted HIV infection or AIDS is not large, the fact that they have contracted the disease is important to an understanding of how the virus is spread.

Diagnosing HIV infection in infants is difficult because they tend not to develop the opportunistic infections and cancers that are common in adult patients until late in the course of their illness. However, early diagnosis is essential for infants because of their extreme vulnerability. If it is suspected that a parent or parents may have been infected with the virus and the child has frequent infections, the child may have developed HIV infection or AIDS. Confirmation, however, depends on a blood test.

The Canadian Council of Children and Youth strongly recommends that the community provide supportive treatment and hospice care in a way that does not ostracize or isolate the child with AIDS.

Infants and AIDS

Rose is fourteen months old. She has definite signs of failure to thrive. There is something wrong with her neuromuscular control: she has trouble smiling and can hardly hold a bottle.

Rose's mother is an intravenous drug abuser who is trying to hold down a job and stay alive. She is becoming quite ill and has lost a great deal of weight.

Rose was sick from birth. Since birth she has failed to gain weight and has suffered from a series of infections, including severe bacterial diarrhea, thrush, and pneumonia. The present major concern is an opportunistic infection responsible for changes in her co-ordination and behaviour. Medical results show that she has the same abnormalities as an adult person with AIDS.

Rose's mother had AIDS when she became pregnant. The virus passed from her blood to the blood of the developing baby. Viruses are so small that they can pass through the placenta.

Suggested Questions and Answers

1. How did Rose's mother develop AIDS?

Rose's mother may have contracted HIV infection through sexual intercourse with her husband, who may be an AIDS

carrier, or through the use of contaminated needles when taking drugs.

2. How did Rose get HIV infection?

The transmission of AIDS to babies occurs prenatally. The virus can travel across the placenta and enter the baby's bloodstream. Rose, therefore, got the virus from her mother, before she was born.

Although some scientists think that HIV can be transmitted through breast milk and one case has been reported in the medical literature, this theory has not yet been proved.

At birth an infant's body immediately begins producing antibodies. However, for many months the immune system is relatively weak, and the baby may have difficulty fighting serious infection.

3. Is it possible to prevent a fetus from getting AIDS if its mother is infected?

No. At present, any woman who thinks that she has AIDS or is at risk of infection from AIDS is advised to consult her doctor before planning a pregnancy.

4. What other behaviours do pregnant women sometimes practise that endanger the tiny developing fetus?

The use of tobacco, alcohol, and other drugs is detrimental to the developing fetus. Poor nutrition and inadequate sleep and exercise also have harmful effects.

5. Why is it important for doctors to have a medical history of the parents before the birth of a baby?

If the baby is identified as being at risk of infection from AIDS, treatment can begin at an early stage after birth and efforts can be made to protect the child. For example, doctors have noticed that babies with AIDS who are given regular transfusions of globulin (a blood component that contains antibodies) and very supportive care show an improvement in their immune systems. The nutritional needs of the babies are closely monitored, and any infections are treated immediately. However, the restoring of the baby's immune system would not cure the disease unless the virus could be eliminated, which is impossible at present.

6. How long does a baby usually live if it has contracted HIV before birth?

Since their immune systems are not well developed, young children usually live less than two years. But, as diagnosis and treatment improve, many are living longer than anyone thought possible when AIDS was first identified.

7. What are some social and medical issues that will need to be addressed concerning children with AIDS?

- Who will care for these children if they are abandoned by drug-disabled parents or orphaned as AIDS destroys their families?
- Can they be educated along with healthy children?
- Will they be told what is wrong with them when they begin asking?
- What effect will AIDS have on any of these children who survive to become adolescents?

Case Study 4

Intravenous drug abusers do not account for a large number of AIDS cases in Canada. Nevertheless, young people need to be aware of the dangers of needle-sharing practices. The smallest amount of contaminated blood left on needles or syringes is capable of infecting the next user. Individuals using intravenous drugs should never share needles or syringes.

Intravenous Drug Use

Hank is a good student. He also likes to have "fun" and spends a great deal of time just hanging around with his friends. Hank has an older brother, who people say uses drugs. Hank decides to ask his brother about this, and his brother admits that he "shoots up" on occasion. Hank thinks this is dangerous, but his brother assures him it is not.

"After all," he says, "I'm not addicted. I'm not sick. I've been doing this for years. You just wash the needle out with water after you use it."

Hank eventually decides to try "shooting up" with his brother and friends. He and his friends often share the same needles and drug paraphernalia. He likes the "high" but decides to stop because he does not like the drug scene.

Hank's blood tests show that he is HIV antibody positive. He does not want to go to school and eventually he becomes too sick to join his friends. For their part, his friends no longer go to visit him because they are afraid of contracting AIDS.

Suggested Questions and Answers

1. How did Hank become HIV antibody positive?

Hank possibly got HIV infection from using a needle immediately after another person who carried HIV. Some blood from the injection was likely on the needle, and Hank inserted the contaminated needle into his vein.

2. Why is intravenous drug use such a serious AIDS-related problem in some countries?

AIDS can be spread into the general population because of the need of drug abusers to have money for their habit. In order to get this money, these addicts, both male and female, may turn to prostitution. These prostitutes can then transmit HIV to their customers,

who can spread it to partners. If these partners are female, they can in turn transmit it to their unborn babies.

Intravenous drug abusers do not, however, account for a large number of AIDS cases in Canada. People studying the AIDS problem think that this is because clean needles and syringes are more readily available here than in other countries. Only three Canadian intravenous drug abusers have been reported to have AIDS - less than 0.3 per cent of the total number of AIDS cases in Canada.

3. Why do Hank's friends not want to visit him now that he has AIDS?

His friends are not informed about AIDS or they would not be afraid to visit Hank. AIDS cannot be caught by casual contact. AIDS is not contagious in the way that the flu or a cold is, and it is not transmitted through the air (sneezing or coughing) or through food or water (eating or drinking from common utensils). A person cannot catch the virus from toilet seats, swimming pools, hot tubs, water fountains, laundry, locker rooms, or casual physical contact (shaking hands or hugging). There has not been one case of the virus being spread through everyday contact.

Fear of the unknown and isolation are major problems for people with AIDS. Hank needs his friends to be supportive and understanding.

Case Study 5

Young people experience sexual feelings and desires as a natural part of their development. These feelings are normal and desirable and young people should not dislike or fear them. Students must learn to understand and control their own sexual behaviour. Such understanding will be important in any discussions related to AIDS and other STDs.

The importance of peer-group pressure on behaviour in adolescent development and the influence of friends on attitudes and behaviour has been documented in two recent studies: Education in Sex and Personal Relationships (London: Policy Studies Institute, 1987) and unpublished reports from the McMaster University Teen Project.

Peer Pressure - Sexual Influences and Pressures on Teenagers

Theresa and Carlos are in Grade 8 at the same school. They have a special relationship. They spend a lot of time together and really trust one another. They confide many of their secret fears and hopes; they talk about their parents and what is happening at school. They have become best friends.

Carlos is starting to put some pressure on Theresa to kiss and hug. Theresa is clear about her feelings and tells Carlos that they should just be friends. This is causing some tension between them. They do not seem to talk about the really important things any more.

Carlos confides to one of his teachers: "Sometimes I get pressure from my friends to do something with a girl, and I don't want to."

Theresa confides to one of her teachers: "Sometimes I get pressure from a friend to do something with a boy, and I don't want to."

Suggested Questions And Answers

Note: The answers to the following questions are based on replies from adolescents in research studies. They might be compared with the answers given by the class.

1. Is there pressure on teenagers in early adolescence to have a boyfriend? A girlfriend?

Some teenagers feel this pressure; others do not.

2. Where does the pressure often come from?

Friends of the adolescents' own age and sex are likely to be the most important source of pressure to have a boyfriend or a girlfriend. Pressure from friends of the opposite sex is much less important. Other influences, such as television and radio, are minimal; videos are considered to have a strong influence.

3. Is there pressure on young teenagers to enter into a sexual relationship?

If boys feel pressure to have sexual intercourse, the pressure often comes from other boys. Girls feel that pressure comes from boyfriends and friends of the same age and sex.

4. How do girls and boys feel about this pressure?

The girls are not happy about this pressure from boys and think that the boys make it difficult just to be friends. Boys feel very uncomfortable about pressure from other boys to prove their maleness in this way.

Teenagers value relationships with the opposite sex for friendship and companionship and are cautious about experimenting with sex at an early age. Much of the pressure to begin sexual activity results from a reluctance to hurt the other person's feelings.

5. How do parents feel about teenagers and sexual pressure?

Parents want their children to be happy and able to form meaningful relationships. Parents are concerned that pressure can lead to unhappiness, especially if teenagers fear that something is wrong with them if they do not have a boyfriend or a girlfriend. They worry that their children could be missing out on the fun of growing up.

6. How did Theresa and Carlos deal with sexual pressure?

Theresa and Carlos realized that they had choices and acted accordingly. They also decided to talk with two of their teachers, people they trusted.

7. What situations increase the chances of sexual pressure?

Such situations might include being at home alone with a boyfriend or a girlfriend, walking away from a

gathering to a more secluded area with someone, or inviting a boyfriend or girlfriend over while babysitting. Possible responses in such situations might include the following:

- "Let's not walk away from the party; I'd really rather not do this."
 - "Please don't stop here; please take me home."
8. Why is it important to talk with someone, such as a parent or teacher, about sexual feelings and concerns?

Talking with someone may help to clarify feelings and provide an opportunity to look at different points of view. It may also be a chance to acquire some specific information about sexuality.

9. Is physical affection always sexual in nature?

Touching should not always be interpreted as sexual. A hug, a kiss, or a touch does not have to mean that a sexual response will follow. With friends, a hand on the shoulder can be comforting. Touching can be a positive way of showing that a person cares.

Follow-up Activities

1. Students role-play one of the situations described in question 7 above to show the difference between non-assertive, aggressive, and assertive behaviour in response to peer pressure.
2. Students brainstorm a list of reasons that adolescents give for having sexual intercourse and another list of reasons that adolescents give for saying no to sexual intercourse.
3. Students form groups of six. Each group is given an example of sexual pressure (e.g., "You would if you loved me"), to which they are to write an answer. At the end of the activity they present their answers to the class.
4. Students prepare a "summary statement" from the class discussion on sexual pressures. They might share their summaries with their parents or adult friends.

Case Study 6

To date, most reported AIDS cases in Canada have been homosexual and bisexual men, although in some other countries equal numbers of men and women have contracted AIDS or HIV infection. Teachers can encourage students to examine how a homosexual with AIDS feels and how he may be treated by society, emphasizing that it is the behaviour of individuals that increases the risk of contracting HIV infection and AIDS, not their sexual orientation.

My Brother Has AIDS

This is a story of a young man who contracted AIDS at the age of twenty-one.

Michael and his younger sister, Betty, had been very close to one another as they were growing up. Because of the difference in their ages, Michael had been like a father to Betty.

One day Michael told Betty that he had decided to go with a friend to Vancouver where he would find a better job. The two men became roommates. Betty missed her brother but was glad that he was happy with his new life.

About six months after moving to Vancouver, Michael noticed that he was suffering from unusual fatigue and a persistent cold. Eventually he went to a doctor, who, after a thorough examination, told Michael that he had ARC. The doctor explained that ARC might turn into AIDS, but not necessarily. Michael did not get better. He developed a dry cough, and the doctor told him he had pneumonia, specifically Pneumocystis carinii pneumonia, a disease associated with AIDS.

When Michael called Betty to tell her that he was very ill, she was shocked to learn that he had AIDS. She was also shocked when Michael told her that he was a homosexual.

The doctor wanted to admit Michael to a hospital for treatment of pneumonia. Michael told his roommate, who was alarmed and forced Michael to move out.

Michael called Betty again, and she arranged to send him money to come back home. She was frightened and angry.

Suggested Questions and Answers

1. How did Michael develop AIDS?

Sexual intercourse with an infected person is the most common way of contracting the virus that causes AIDS.

A person with multiple sexual partners is at greater risk of infection than one who is in a monogamous relationship.

It is possible that Michael and his roommate were not faithful to one another and were having sexual intercourse with other persons, one of whom had AIDS. Another possibility is that Michael or his roommate had contracted the virus prior to their relationship, through another sexual or drug-related liaison.

2. Could Michael or his roommate have passed HIV to a female, too, if he had had sexual intercourse with her?

Yes. Males and females can contract and transmit HIV. No person is immune to the virus. In certain African countries equal numbers of men and women have AIDS.

3. If anyone can contract AIDS through sexual intercourse, how can people protect themselves against the virus?

The only way for a young person to be completely safe from AIDS is to practise abstinence. Adults can be completely safe from AIDS if they, and their partners, are sexually monogamous and have been monogamous for at least ten years.

A condom provides some protection for sexually active people. The condom fits over the penis and acts as a barrier to semen, blood, or vaginal secretions, which might contain HIV. The condom does not provide complete protection but is considered effective, if used properly, against transmission of HIV.

In addition, there are a number of alternatives to sexual intercourse that allow people to express their sexuality in a safe and enjoyable way. Sexuality can be expressed, for example, by talking, masturbation, and fantasizing or through close physical contact without intercourse.

4. a) Why did Betty express fear when Michael told her he had AIDS?

Betty might have been fearful about many things: the impending death of Michael, of whom she was very fond; catching the virus; taking care of Michael; and losing Michael's support and help.

b) What made Betty feel angry?

Betty probably felt anger at Michael for developing this disease that causes death, anger at society for not doing more to fight the disease, and anger at having to accept the fact that her brother was a homosexual and that others would find this out.

5. What attitudes and facts about homosexuality should Betty be aware of in dealing with her confused feelings?

Sometimes young people are repelled by the thought of homosexuality. They rely on external symbols and cultural definitions of sexuality in order to make sense of their own sexuality. In spite of the fact that the majority of young people are heterosexual, they have no experience of heterosexuality. They have simply assumed that they are heterosexual because that is the societal norm. Sexuality is an extremely powerful symbol for adolescents. Heterosexuality can represent success and acceptance by one's peers, whereas homosexuality is seen negatively.

Because of societal norms, Michael did not tell his family about his sexual orientation. This would probably have been a traumatic experience for him and his family. Sexual preference is set early in life, and a person does not choose to be homosexual or heterosexual, but the way that a person expresses his/her sexual orientation is a choice.

6. How should family and friends react to someone who has AIDS?

People with AIDS initially feel very frightened. Their families and close friends often react in the same way.

People with AIDS need nurturing and unconditional love from those who are nearest to them. Financial support may also be necessary for some. Support groups, such as People With AIDS, provide a basis for self-help. People with AIDS want to lead as normal a life as possible.

People with AIDS should be encouraged to avoid thinking of themselves as "victims". The goal, for them, might be to live as "fully, lovingly, and honestly" as is humanly possible with such a devastating illness, and for family members and friends to share their burdens and offer as much support as possible.

AIDS patients can be safely nursed in their homes by family members. Safety precautions, such as the use of plastic gloves before any contact with body fluids, and the use of household bleach for any clean-ups, are recommended.

7. Should people with AIDS be quarantined or isolated or made to stay in only one place?

No. AIDS cannot be caught by casual contact, so there is no reason to isolate people who have the disease.

People with AIDS do not want to be treated differently from other people; they want to live as normally as possible. Isolation is one of their big fears.

Follow-up to Case Studies

1. Working in small groups or individually, students can design their own case studies for presentation to the class. They should include questions and answers for each case study. Some groups could role-play their case studies instead of presenting the written versions. The case studies could also be printed in booklets, which could be presented to parents.
2. Students can plan a health fair with the assistance of school staff and local health-unit personnel. Various perspectives on AIDS could be highlighted. Parents and others from the school community could be invited to attend.

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Education About AIDS

PART D

Teaching Strategies
Compulsory Credit in Physical and Health Education

1987



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INTRODUCTION

Three approaches have been developed for use in the secondary school health education program on AIDS.¹ These approaches are not the only ones that may be used; local boards and schools may combine activities from the approaches presented in this document to develop additional strategies. The three approaches suggested, however, reflect the emphasis and detail that are appropriate to the treatment of the topic of AIDS at the secondary level.

"Strategy 1: The Information Approach" places AIDS within the framework of sexually transmitted diseases (STDs) and provides information about STDs and AIDS through a question-and-answer format.

Information alone is not enough to enable students to deal with the complexity of this disease. It is suggested that time also be given to "Strategy 2: The Living-Skills Approach". Values awareness, decisionmaking, and assertiveness have been selected as living skills that can be integrated into the content related to AIDS to help young people to make and act on sound decisions about their health.

"Strategy 3: The Case-Study Approach" provides students with opportunities to apply facts about AIDS to responsible decision making and at the same time to examine the social impact of the disease.

It is suggested that information about AIDS be provided in the context of reproductive health and sexuality education. The teaching approaches have been developed to provide information, promote discussion, and stimulate the clarification of feelings and values on the topic of AIDS and related issues.

Prevention is based on understanding; this involves knowing about the functions of the body, particularly the reproductive and immune systems. Knowledge about the body can help the individual to distinguish normal body functions from dysfunction and to define low-risk and high-risk behaviour.

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1. In this document, the medical term HIV is used to refer to the virus that causes AIDS, often simply called the "AIDS virus" in non-specialist literature. For a glossary of terms used in this document, see Part A, p. 24.

Prevention also involves responsible decision making based on actual knowledge, not misconceptions, about what is normal behaviour. For example, although it is estimated that 50 per cent of seventeen-year-olds across Canada have had intercourse, most adolescents feel that the amount of sexual activity among their peers is much higher, and they may feel pressure to be sexually active in order to conform to their perceptions of peer behaviour.

Special attention should also be paid to a continual emphasis within the unit on the positive aspects of sexuality. A realistic and responsible view of the human need for sexual intimacy and fulfilment, coupled with a sensitive understanding of human behaviour, should underlie any discussion of the problems associated with AIDS. In this way the educational process will stress a concern for the well-being of the self and others and a hopeful outlook on the future.

The unit can be introduced by an activity that will assess students' needs and interests and increase their motivation. The teacher initially presents the class with an overview of the topic. The teacher and students then agree on a theme (e.g., "AIDS Awareness"), and the students brainstorm ideas for the development of the unit. Student recorders then make a list of these ideas as they are presented. The following headings should be used as a guide:

- Readings (books, articles, poetry, newspaper clippings)
- Audio-visuals (videotapes, films, movies, television programs, TVOntario audiotapes)
- Resource People (the school nurse, school staff, students themselves, parents, community health-care workers)
- Field Trips (in class time, on own time, choice of places, interviews with key people)
- Skill-Building Activities (lectures, role play, simulations, discussions)
- Assignments (written work, group work, debates, surveys, research, teaching younger children)
- Advocacy Projects (letters to newspapers or politicians, attendance at meetings of community workers)
- Objectives (facts, skills, attitudes)
- Evaluation (procedures)

Students can also attempt to identify the issues for which an understanding of AIDS is vital.

STRATEGY 1: THE INFORMATION APPROACH

Introduction

People often take the health of their reproductive systems for granted. It is important to know as much as possible about the reproductive systems in order to maintain good health and to prevent infections. Often the problems of the reproductive systems have no symptoms; when symptoms do appear, people leave them untreated. This attitude towards health can be dangerous. Periodic physical examinations should be stressed as part of the individual's plan to ensure his/her well-being.

It is suggested that education about AIDS and other STDs be placed in the context of reproductive health within a unit of study on sexuality. Although discussions of reproductive health involve information about infection and disease, the primary focus should be prevention. People want to assume responsibility for their own bodies and want to help others to do the same. If they are provided with accurate information within a positive framework, they can make decisions concerning their health with confidence while maintaining their self-respect and a positive attitude towards sexuality.

The special threat to health now posed by AIDS requires that the disease be incorporated into the context of STD prevention and that STDs be presented in the context of sexual health. This broader spectrum of disease prevention is vital to individual and collective health.

The feelings of shame and guilt sometimes associated with these diseases should be overcome and should not prevent individuals at risk from seeking medical help.

According to a Media General Associated Press poll, AIDS now rivals cancer as the most feared disease throughout the world. After the introductory study of the reproductive systems and a discussion about AIDS based on the material that follows, students can speculate on why the survey shows this result.

Care of the Reproductive Systems

It is suggested that the unit begin with a review and discussion by the teacher of the male and female reproductive systems, including information about good health practices as well as about diseases and disorders that might affect reproductive health.

Sexually Transmitted Diseases

STDs can affect the general health of an individual. They can also be a threat to the reproductive system or to other body systems. It is important to know when to seek help. It is also important to understand how the diseases are transmitted and how they can be prevented. The following questions and answers are presented as examples for use in the information approach.

Question-and-Answer Session on Chlamydia

Chlamydia is a common sexually transmitted disease. The questions below dealing with chlamydia can be adapted to the study of any STD, to provide the focus for a written assignment or a question-and-answer session, following the showing of a videotape or film on the disease(s) under discussion. Information about other common STDs is included in Part A of this kit.

1. How is chlamydia passed from one person to another?

Chlamydia is transmitted by sexual intercourse or by intimate genital contact with another person.

2. What causes chlamydia?

The disease is caused by a bacterium, Chlamydia trachomatis.

3. Is there a vaccine for chlamydia?

No.

4. What are the signs and symptoms of chlamydia?

Females may have a slight vaginal discharge, itching, abdominal pain, bleeding between periods, or a burning sensation on urination. Males may have a discharge from the penis and a burning sensation during urination. Some men and many women have no symptoms, or symptoms so mild that they go unnoticed.

5. What is the incubation period, that is, how long after exposure to the bacteria do the symptoms appear?

The signs develop slowly, within two weeks to a month after infection.

6. How long do the symptoms last?

Symptoms may come and go. In the later stages a slight fever may be present.

7. Does a person still have the disease even if the symptoms disappear?

Yes. The disease develops at the time of infection, and the bacteria can survive in the reproductive system if treatment is not given.

If left untreated, chlamydia can damage the female reproductive organs. Infection can spread through the uterus and Fallopian tubes, causing pelvic inflammatory disease (PID). This may result in scarring of the Fallopian tubes, leading to subsequent ectopic or tubal pregnancy or infertility. Chlamydia is the most common cause of PID. Chlamydia in the male is one of the causes of non-gonococcal urethritis (NGU) and can also cause epididymitis, an inflammation of the testicles that can lead to sterility.

8. How can chlamydia be prevented?

Sexual abstinence is the most effective way of preventing chlamydia. A person who has many sex partners or has a partner who has many other sex partners is at risk of infection and should have regular medical checkups. The use of condoms with spermicide can help to limit the spread of the disease.

9. What is the treatment for chlamydia? Is there a cure?

Tetracycline or erythromycin are the antibiotics usually used to treat the infection. Chlamydia is resistant to penicillin. Early diagnosis and treatment are critical in preventing the serious complications of chlamydia.

10. Can a pregnant woman who is infected with chlamydia pass the disease on to her baby?

Yes. Chlamydia may be passed on during birth, causing the infant to develop conjunctivitis (an eye infection) or, more rarely, pneumonia.

11. What is the difference between chlamydia and gonorrhea? What are their similarities?

These diseases are caused by different bacteria. The symptoms may be similar, however, and both can cause sterility in either sex if left untreated. The diseases may co-exist; that is, a person may have both infections at the same time.

Question-and-Answer Session on AIDS

The following questions and answers are provided as a focus for a follow-up discussion or a written assignment after a videotape or film on AIDS has been shown to the class.

1. What is AIDS?

AIDS is a disease caused by a virus that breaks down the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. AIDS is a syndrome because it has not just one symptom but a group of them.

AIDS is a condition in which a formerly healthy person has lost the ability to fight infections. People with AIDS become susceptible to infections and other types of diseases that the body normally fights.

2. What causes AIDS?

AIDS is caused by the human immunodeficiency virus (HIV).

3. How is HIV transmitted?

The virus is transmitted primarily through sexual intercourse (anal or vaginal) or oral sex. It is spread most readily through anal intercourse. The virus that causes AIDS lives in certain body fluids, especially blood, semen, and vaginal fluids. It enters a person's bloodstream through small tears in the anus, rectum, vagina, penis, or mouth that may occur during intercourse.

The risk of infection increases with the number of sexual partners, male or female, one has.

HIV can also be transmitted through the sharing of contaminated needles during intravenous drug abuse.

HIV can also be passed from a pregnant woman to the fetus in her womb.

The three ways of transmitting the virus that are listed above are the most common. Other means of transmission are rare. Nevertheless, people continue to believe many myths about how AIDS is transmitted.

In Canada, a very small proportion of AIDS cases has been caused by transfusions of infected blood given before November 1985; since that time the Canadian Red Cross Blood Transfusion Service has been screening blood donations for HIV antibodies.

To date, there are no documented cases in which tears or saliva have been responsible for the transmission of the virus.

Dry or social kissing presents no danger of infection. Although HIV has been found in saliva, there are no documented cases in which kissing was responsible for the transmission of the virus. To eliminate any risk, kissing should not result in bleeding.

Infection due solely to transmission through breast milk is rare and has been documented only once.

4. How does HIV attack the immune system?

When HIV enters the bloodstream, it begins to attack certain white blood cells called helper T-cells. These cells can no longer function to fight invading organisms, and the person with a weakened immune system becomes susceptible to infection. The factor or factors that trigger virus replication within the cells are unknown. At any point the virus may become activated; it proliferates and invades other helper T-cells, further weakening the immune system. The virus, by entering and destroying the cells that are essential to the immune system, reduces the number of cells that are available to fight other infections.

5. Do all persons with HIV infection become ill?

No. There are several possible reactions to HIV infection. Some people may remain well and have no symptoms at all, but are nevertheless able to infect others. Others may develop a disease, less serious than AIDS, that is called AIDS-related complex (ARC); still others develop AIDS.

6. What are the signs and symptoms of HIV infection and AIDS?

HIV infection. A large group of people who become infected continue to look and feel well; they are, however, carriers of the virus that causes AIDS. Although they have no symptoms, they can still pass the virus on to others. Some people infected with the virus may develop initial flulike symptoms (for example, headache, fever, body pain, chills, rash, and enlarged lymph glands) which may disappear. This usually occurs about six to twelve weeks after exposure, at which time the person develops antibodies to the virus.

AIDS-related complex (ARC). ARC is a condition caused by HIV in which the person tests positive for infection and has a specific set of symptoms. However, ARC symptoms are often less severe than those that accompany AIDS itself. The signs and symptoms of ARC may include weight loss, night sweats, diarrhea, severe fatigue, prolonged fever, neurological disorders, a white coating on the tongue, and a sore throat. As these are also signs and symptoms of many other diseases, a doctor should be consulted for diagnosis.

AIDS. Only a qualified health professional can diagnose AIDS. Symptoms of AIDS may include a persistent dry cough and a fever, night sweats, persistent fatigue and diarrhea, repeated infections, whitish spots or patches in the mouth or throat, neurological and behavioural disturbances resulting from damage to the brain and nervous system, and shortness of breath or difficult breathing.

By destroying the body's immune system, AIDS allows otherwise controllable infections to invade the body and cause additional diseases, which cause death. These infections are called opportunistic infections. One of the most common is Pneumocystis carinii pneumonia. Another is Kaposi's sarcoma, a kind of cancer, which produces purplish blotches and bumps on the skin.

HIV may attack the nervous system and cause delayed damage to the brain. The damage may take years to develop, and the symptoms may show up as memory loss, apathy, loss of co-ordination, partial paralysis, or mental disorder.

The virus in all infected people is essentially the same, but the reactions of individuals may differ.

7. How can AIDS be prevented?

Sexual abstinence is the most effective means of preventing the spread of AIDS for single people. A monogamous relationship between two people who are not infected with the virus is the most effective means of preventing the spread of the disease for partners who are in permanent relationships. If abstinence or mutual monogamy is not practised, the correct use of latex condoms with spermicidal foam or a water-based lubricant will provide some protection against HIV infection. Intravenous drug abusers should stop using drugs or, if they continue to abuse drugs, should not share other people's needles and syringes. To avoid transmitting the infection to unborn babies, HIV carriers and women at risk should not become pregnant.

8. Is there a cure for AIDS?

No. At present, persons with AIDS die approximately eighteen months after being diagnosed.

9. How is AIDS treated?

Most AIDS patients eventually need medical care, especially when their immune systems become impaired. Opportunistic infections are sometimes hard to treat. Azidothymidine (AZT) and Ribavirin, antiviral drugs, are currently being used in Canada for the treatment of HIV infection and AIDS. While they are not cures, they do offer hope to some people with AIDS. One serious side effect is anemia. Chemotherapy is available for AIDS-related cancers. Many symptoms of AIDS are treatable.

10. What health practices are necessary to maintain a healthy immune system?

It is important to manage stress, plan for proper nutrition, and have adequate sleep and exercise.

11. In what ways is AIDS different from other STDs?
Similar to other STDs?

AIDS is different from other STDs in the following ways:

- AIDS is a fatal disease for which there is no cure.
- People die from opportunistic infections resulting from the breakdown of their immune systems.
- There is a great deal of fear of AIDS, based on misinformation.

AIDS is similar to other STDs in the following ways:

- It can be prevented by sexual abstinence.
- It is not transmitted through casual contact. One does not become infected from towels, cups, drinking fountains, toilets, and so on. AIDS is transmitted by sexual intercourse (anal or vaginal) or oral sex.
- The infected person may look healthy but be infectious. The infected person may not even know that he/she has contracted the virus.
- Anyone can get it.

Activities

1. According to estimates, over 50 000 people are at present infected with HIV in Canada. People with HIV infection are assumed to be capable of spreading the virus through sexual intercourse or by sharing contaminated needles or syringes during intravenous drug use.

It is the behaviour of individuals that increases the risk of contracting HIV infection and AIDS, not their sexual orientation. Everyone, including adolescents, is in one of three risk categories - no risk, low risk, or high risk.

a) The teacher writes "No Risk", "Low Risk", and "High Risk" on the board and asks students to identify the behaviours of people in each risk category and record the answers on a chart (see table below).

Risk Behaviours and AIDS

No Risk	Low Risk	High Risk

After students have finished their charts, the teacher explains that no one has to remain in the high-risk category. Students can suggest substitute behaviours for those listed in the high-risk category, converting them to low-risk or no-risk situations.

b) Students divide into small groups of four or five and receive cards on which are outlined situations relating risk behaviours to AIDS and other STDs. Students discuss the situations and identify the risk category into which each character in the situations falls, giving reasons for their answers. The following are examples of situations to be discussed:

- Delores and Peter met in their biology class. They were attracted to each other and were soon doing all their assignments together. As their relationship deepened, they became anxious about the possibility of having sex. They were able to talk to each other about their feelings. They decided that they were not ready to be sexually active.
- Steve has had a number of sexual partners. Because he knew his partners well, he did not feel he needed to wear a condom for protection against disease.
- Tania has started to have pain on urination. She is sure the pain will go away. Her philosophy is: "Nothing can happen to me!"

Students could design their own case studies in order to discuss risk behaviours, based on their knowledge of AIDS and other STDs. They could suggest ways of lowering the risk.

2. Abstinence is the most effective way of preventing AIDS and other STDs. However, if a person has decided to have sexual intercourse, then the proper use of latex condoms will provide some protection against HIV infection and other STDs. The teacher can discuss the proper use of condoms, including the following information in the discussion: where to get condoms, where to keep them, how to use them, and how to talk with one's partner about their use. (For further information on condoms, see Part A, pages 22-23.)
3. The teacher and students can plan a health fair with the local public health unit to place a general focus on health promotion. A theme that includes the maintenance of reproductive health should be chosen, and information about AIDS included. Parents can be invited to participate in the planning and presentation of the event. Pamphlets, posters, and leaflets should be available for parents who take part in the health fair and for students to take home to parents who are unable to attend.
4. The public health nurse can be invited to class to present a summary of STDs with an emphasis on AIDS. The teacher or a student might take the role of an interviewer (with questions collected from the class prior to the presentation).
5. Students can write reports on the efforts of the medical science community to identify the micro-organisms causing HIV infection and AIDS, track their attack on the human body, identify the means of transmission, and develop a vaccine.
6. Students can obtain the latest statistics from the Ministry of Health on STDs, compare them with statistics on other communicable diseases, discuss the possible reasons for the increases and decreases in cases over the years, and discuss the ages of the infected persons.
7. Students can contact their local health unit for information and pamphlets on STDs and then prepare a bulletin-board display.

8. In groups students can:

a) evaluate newspaper clippings about AIDS-related issues for content, limitations, and bias, and share their findings with the class;

b) develop an advertisement to make young adolescents aware of the nature and seriousness of AIDS.

STRATEGY 2: THE LIVING-SKILLS APPROACH

Introduction

The revised physical and health education program will require teachers to integrate living skills (see table 2 in Part B of this kit) with health education content. In this approach, health education content is seen as a way of reinforcing and supporting the development of living skills.

Living skills are personal and interpersonal skills that enable people to use information in order to take charge of their health. Living skills help people to make and act on sound decisions about their health. In the case of AIDS, although the media and the government have bombarded the public with factual information, people must still decide how they will behave in the light of that information.

An opportunity to consider situations carefully is important. Young people need time to unravel the complexities of relationships, to examine the stereotypes and influences they have been exposed to, and to assess their values and beliefs. They must be helped to value themselves sufficiently to care about what happens in the future and to weigh the pros and cons of adolescent risk taking. They must explore and practise the living skills that will enable them to decide what they need to do to take care of themselves and allow them to be assertive and confident enough to take the necessary action.

Values awareness, decision making, and assertiveness have been selected as examples of living skills that might be integrated into the topic of AIDS. These living skills can also be integrated into the case-study approach, which is discussed in the next section.

Values Awareness

The strategies in this section are intended to help young people to focus on responsibility within relationships and to share their opinions with others.

Responsibility is a word that is often used in connection with sexual behaviour. However, responsible sexuality is difficult to define. It appears from the literature that it is much easier to find a definition of irresponsible sexuality.

In Teenage Pregnancy: A Challenge to Do Right by Each Other, B. Stackhouse says: "Responsibility ...

involves caring for one's whole self and other persons in their totality. It involves being liable, answerable, and accountable for one's actions. It is being sensitive, responsible to the core of oneself and others ... caring for others 'as one cares for oneself'." ² A realistic and responsible view of the human need for sexual intimacy and fulfilment, coupled with a sensitive understanding of human behaviour, should underlie any discussion of the problems associated with AIDS.

Activity: The Meaning of Responsibility

In this activity ³ students work in pairs to discuss a concept - in this case responsibility. The activity should demonstrate to the students that responsibility is a complicated concept and that there are a number of ways of approaching it.

Introduction. Prior to the activity the teacher prepares the questions on "cue cards" and duplicates them for each round of discussion, so that partners can use them in interviewing each other.

Round 1. The class forms into groups of six. Each group chooses a leader and a recorder, and each student selects a partner from his/her group. Each pair then talks for seven minutes, using the following questions as a guide or focus for discussion.

- When you hear the word responsible, what does it mean to you?
- Does it mean being submissive?
- Does it mean that you always have to agree with your partner?
- Does it mean that you would react to situations in keeping with the attitudes and values of your cultural background?
- Does it mean not "rocking the boat"?

2. B. Stackhouse, Teenage Pregnancy: A Challenge to Do Right by Each Other (New York: United Church Board of Homeland Ministries, 1980), p. 9.

3. This activity has been adapted from a presentation entitled "On Being Supportive", by Matti Gershenfeld, given at the National Council on Family Relations Annual Conference in Dearborn, Michigan, in November 1986.

- Is it responsible not to worry the partner in a relationship with unpleasant matters?
- Does being responsible mean always holding up someone who is always falling down?
- Does being responsible mean postponing intimate sexual relations till marriage?

Students discuss these questions with their partners for seven minutes. The pairs then break up, and students rejoin their original groups of six to share their comments on the meaning of being responsible. The groups' comments are recorded.

Round 2. Students change partners within their small groups and continue the activity, using the following questions as a guide or focus for discussion:

- Does being responsible mean always doing what the other person wants?
- Does it mean being aggressive, tough, and independent?
- Does it imply that a person is powerfully in control?
- Does it mean having the right to act on the assumption that sexual urges are uncontrollable and that compulsive and coercive sexuality is acceptable?
- Does it mean: "If we love each other, it's O.K."?
- Does it mean having a relationship with little emotional investment?

Students discuss these questions with their partners for seven minutes. The pairs then break up, and students rejoin their original groups to share their comments on the meaning of being responsible. The groups' comments are recorded.

Round 3. Students change partners within their small groups once again and conclude the activity, using the following questions as a guide or focus for discussion:

- Does being responsible mean that you and your partner can discuss an issue, negotiate the outcome, and come to some agreement?
- Does it mean you can say what you think without putting the other person down?
- Does being responsible mean that you can talk about sexual limits with your partner?

- Does it mean being part of a relationship that has meaning for the other person as well as for yourself?
- Does it mean avoiding unwanted pregnancy and not spreading STDs?
- Does it mean being answerable and accountable?
- Does it mean accepting individual preferences? Does it include the right of each person to decide sexual morality for himself/herself?

Students discuss these questions with their partners for seven minutes. The pairs then break up, and students rejoin their original groups to share their comments on the meaning of being responsible. The groups' comments are recorded.

Follow-up discussion. Working within the context of the large group, students discuss the following questions:

- What became clear to you as you went through the process?
- How do you define being responsible?
- How do you define not being responsible?

Summary. Each student shares what he/she has learned from this activity, either in a series of single statements or in a few short paragraphs. The following is a sample summary:

Being responsible means knowing oneself and what one believes. It means caring about other people, wanting to please them, and trying to be sensitive to their needs. Being responsible in relationships increases the sense of closeness, of being understood by others, and of feeling cared for.

Responsible sexual relationships are voluntary, genuinely pleasurable, and inclined to enhance the personalities of the people involved. There should be respect for oneself and caring for the other person.

The degree of responsibility in sexual behaviour may be influenced by the type of relationship in which the behaviour occurs, the extent of the partners' awareness of effective health practices, and the extent to which they communicate. Access to information and an understanding of how sexuality fits into one's own life are other factors.

Decision making

Introduction

Decision making is an important living skill for young people, who are faced with choices that are often difficult to make and that may have long-ranging consequences. Adolescents are examining their own values and at the same time are trying to deal with pressure from friends. Decision-making activities aim to get young people to look systematically at dilemmas, weigh the options, and learn to take responsibility for the consequences of their actions.

The classroom setting provides students with an objective setting in which to examine hypothetical situations and dilemmas before they arise in real life. The range of choices available in a given situation, the implications of selecting particular options, and the importance of such basic human values as honesty, self-control, and respect in making decisions should be emphasized.

Activities

1. Students should consider the following situations, decide on a course of action for the main character in each case, and defend their decision. As a follow-up activity, students could role-play each situation in two scenes. In the first scene they could analyse the problem and brainstorm solutions and in the second scene consider the consequences of their decisions.
 - a) Susan, age fifteen, was treated for chlamydia after she had contracted the disease from Bill. She did not know that Bill had had sexual intercourse with someone else, and she was sure that he did not know that he had the disease. Susan told Bill that she had got chlamydia from him, but he refused to believe it and accused her of giving it to him. What will Susan do? What are her options? What might the consequences of each option be?
 - b) Jennifer and Ted have just started a relationship. Jennifer thinks that she might have been exposed to HIV in a past relationship with a bisexual man. What will Jennifer do? What are her options? What might the consequences of each option be?
 - c) Betty has a part-time job in a shoe store. She sought medical advice when she experienced some persistent flulike symptoms, and the doctor confirmed that she had ARC. She feels well enough at the present time to continue working. Betty mentions her condition

to her manager because she will need time off for medical reasons. The manager is afraid that Betty will spread the virus and that customers will eventually find out about Betty's illness and will take their business elsewhere. The manager suggests that Betty look for another job. What will Betty do? What are her options? What might the consequences of each option be?

2. This activity, based on "A Love Story", on page 23, will help students to:
 - examine how people make decisions;
 - examine the attitudes, pressures, and responsibilities involved in decisions about one's sexual behaviour;
 - explore alternative ways (other than sexual intercourse) of expressing affection in a relationship.

Sexual feelings and desires are a natural part of development, and it is important that young people accept them and not fear them. They must learn to understand and control their sexual behaviour, and this understanding is important to any discussions related to AIDS and other STDs.

Research supports the idea that the influence of an adolescent's friends on his/her attitudes and behaviour cannot be overestimated. Young people must understand peer pressure and how to cope with it.

A Love Story

Jane and Mark are students in high school; they have been together for about eight months. Jane is in Grade 11 and Mark is in Grade 12.

Jane and Mark have a very special relationship. They spend a lot of time together and really trust each other. They confide many of their secret fears and hopes to each other; they talk about their parents; they talk about what is happening at school. They get support from each other and, in many ways, they have become best friends. Their friendship is very important to both of them.

Jane's parents remind her constantly of the importance of being a "good girl" and have told her many times that they would not know what to do if she got into trouble. But, more important, Jane feels that, even though she loves Mark, she is not ready for an intimate relationship.

Lately, Mark has been talking with some of his friends about sex, and he is hearing that many of his friends have already had sex with their girlfriends. Mark wonders if he is behind for his age and if he is less of a man. He begins to pressure Jane.

As a result, there seems to be an increasing amount of tension in their relationship. They have begun to fight about little things, and they do not seem to talk about the really important things any more.

About a month later, Mark starts to see other girls. Jane feels depressed and lonely; she really misses Mark. She wishes that there was a way to talk to her mother, but she knows that her mother would get upset and not understand her problem. Jane feels lost and does not know what to do.

Jane and Mark continue to spend some time together. One Saturday night, they go to the movies and after the show come back to Jane's house to talk. Jane's parents have gone to a party and will not be back until much later. Jane and Mark are left alone in the house.

a) Working in small groups, students:

- identify the problem in the story;
- list two possible courses of action for Mark and Jane;
- discuss the advantages and disadvantages of each alternative;
- decide on a plan of action;
- write down the problem, the alternatives, and the plan of action to share with the class.

b) Students use the information noted in activity (a) to discuss the following questions in a large- or small-group setting:

- What do you think the conclusion of the incident described in the story was? Why?
- What were the pressures facing Mark and Jane? Were they realistic? Do those kinds of pressures exist here?
- Why do people sometimes have difficulty talking to their girlfriends or boyfriends about sex?
- What do you think can be done to make talking about sex easier?
- What are some of the ways by which people can show caring and affection?
- Can not having sex be a way of showing love? How?
- What is the difference between love and infatuation?
- Did the story seem realistic to you? Why? Why not?
- What did you learn from the discussion?

c) Students relate their understanding of responsible relationships to the study of AIDS and HIV infection.

Assertiveness

Exploring Assertiveness

Assertiveness training involves the practice of a number of interpersonal skills that are intended to allow a person to meet his/her basic needs in life without infringing on the rights of others. The ability to present one's needs, values, and beliefs to others and defend them if challenged is critical for the development of a positive self-image. The feeling of personal control is an important part of assertiveness.

A variety of strategies can be used to help students deal with different aspects of assertiveness. For example, students can:

- explore the meaning of assertiveness and practise making assertive responses through role playing;
- examine their personal relationships by keeping a log or a diary outlining their behaviour in different situations. For each situation students could note whether they behaved non-assertively, aggressively, or assertively, and what the resulting response was.
- develop the component skills of assertiveness by practising the subskills. These include: empathy; active listening; the expression of feelings, especially angry feelings; negotiation; the effective use of body language (posture, eye contact, tone of voice, facial expression).

Activities

1. This activity is intended to help students understand the differences between non-assertive, aggressive, and assertive behaviour.

A role-playing approach will help students to understand what assertiveness is and will give them practice with its component skills. Role playing increases self-understanding and an understanding of how others feel. It gives students the practice they need in handling situations and, in a controlled setting, tests their resources for facing unanticipated situations.

For role playing, a classroom climate must be established in which students feel that they are safe, that they can express strong feelings, and that their ideas and feelings will be respected.

The teacher begins by having the group warm up. He/she then selects those students who will play roles and instructs the rest of the class on what to look for in the presentation.

The following situation is then presented to students as an example: Mary has ordered a rare steak; the waiter brings one well done. The teacher takes the role of Mary, and a student plays Tom, the waiter. They role-play the situation three times, demonstrating first a non-assertive, then an aggressive, and finally an assertive approach. After each enactment, the class should explore the feelings of both Mary and Tom and discuss the effect of each type of behaviour on the characters.

2. Students examine some everyday situations from the point of view of non-assertive, aggressive, and assertive ways of behaving, as a lead-in to discussions of situations that involve sexual behaviour and drug taking related to AIDS.
3. a) Students role-play each of the following situations to show non-assertive, aggressive, and assertive responses:
 - Sandra and Mike are sixteen-year-old students. They are alone at Mike's house. They are kissing and getting excited but are not feeling quite right about what might happen. The conversation starts like this: "I've made up my mind to wait. I'm not ready to get involved." "Maybe we should talk about this a little more."
 - Allen has a friend, Bill, who has developed AIDS. Allen wants to help his friend and to give him support. Susie tells Allen that she will stop being friends with him if he continues to see Bill. Susie refuses to talk with or visit anyone with AIDS.
 - Sam believes that it is important to get all the facts about AIDS. He thinks that the media coverage of AIDS is accurate. Arlene thinks that the media tend to exaggerate the issue, and she is tired of hearing daily reports about the seriousness of the problem and the ways to prevent it.

- Laura was always very careful to use a clean needle and syringe when she was "shooting up". She met a new guy, and they were "shooting up" together. She put her needle and syringe to the side; she noticed that he picked it up to use it as well. Laura was getting high but was able to think to herself, "I don't want to use that needle again now that he has used it."

b) Students select one of the above situations and, using the following outline as a guide, examine the behaviours of the people in the situation.

Name: _____

Situation: _____

Attitudes: _____

Behaviours: _____

Dilemmas: _____

Further Comments: _____

STRATEGY 3: THE CASE-STUDY APPROACH

Introduction

A case study is a description of a hypothetical event or situation that illustrates a problem. Students work through case studies to define and, in some cases, to resolve the problems they illustrate. The case study provides a forum for the examination of components of the problem and of the ways in which the choice of different options might affect the situation.

The two case studies presented in this section are intended to enhance students' living skills in the areas of values awareness, decision making, and assertiveness. By analysing the cases involving AIDS, students will learn to apply generalizations, to empathize, and to predict. They must also be able to obtain the facts they need.

Case Study 1: Confidentiality and Respect for Privacy

A twenty-one-year-old woman asked the doctor to examine her husband, aged twenty-four years, because of changes in his general health that concerned her. Her husband agreed to have a checkup. He was diagnosed by the doctor as having been exposed to the virus that causes AIDS. He admitted to the doctor that he was a sexually active homosexual before he married. He married only because he was a business executive and felt that it was socially important for him to have a wife.

The man was told that if he intended to continue to be sexually active, he should take precautions, delay having children, and tell his wife immediately. His wife was planning to have children. He agreed to tell his wife, but he did not do so. He did not tell anyone. He failed to stop his homosexual liaisons.

Suggested Questions and Answers

1. Why would this man refuse to tell his wife that he was antibody positive?

He would almost certainly fear a negative reaction by his wife and family. He would not want to risk divorce for fear that this would damage his career. He found it difficult to explain his sexual orientation.

2. Why might this person continue to have sexual relations even though he knew that he was antibody positive and could spread the disease?

He might not want to believe that HIV infection or AIDS can be transmitted. Even though he might have the information about his condition, he might choose to act irresponsibly. He might be very self-centred and not care about anyone else.

3. What steps might be taken to stop people from knowingly infecting others?

Steps might include "contact tracing", mandatory testing, quarantine, or punishment under the law.

4. Why is "contact tracing" of limited value in dealing with AIDS? Discuss the pros and cons of "contact tracing".

At the present time, there is no cure or vaccine to offer a person infected with AIDS. However, there is treatment available for opportunistic infections and cancer-related problems. Besides screening blood donations and urging drug addicts not to share needles, the only way to stop the spread of AIDS is to persuade people at risk to adopt responsible sexual behaviour.

AIDS has been a reportable disease in Ontario since 1983. This is not the case in some other countries. In Ontario, physicians are required to report cases to their local medical officer of health (MOH). The MOH has the responsibility of ensuring that the carrier's sexual contacts are informed that they may have been at risk and should be counselled about HIV infection. All information about the case is kept confidential.

In communities where the virus is widespread and contact tracing impractical, educational programs through the Ontario Public Educational Panel on AIDS and AIDS community groups may be more effective than traditional contact tracing in controlling disease. Depending on the prevalence rate or the impracticability of follow-up, risk-reduction programs aimed at the community in general may also be more economical than contact tracing aimed at individuals.

Priority is given to tracing the female partners of bisexuals and heterosexuals with AIDS or HIV infection so that they can be counselled about reducing the risks to themselves and their future children. This work is carried on by public health officials.

5. Why should top priority be given to preventing the transmission of HIV from mother to infant?

Children have the right to be born free of infection.

6. What is the role of the doctor who diagnoses a patient as having HIV?

The doctor usually informs the patient of the communicable nature of the disease, emphasizes its deadly effects, explains how it is transmitted (principally by vaginal or anal intercourse or oral

sex). The person is given information about the possible consequences of unprotected sexual intercourse and counselled about the use of latex condoms with spermicidal foam or a water-based lubricant. Foam should be used only for vaginal intercourse as it can damage anal tissue.

The doctor is required by law to report cases of HIV infection to the local medical officer of health.

7. Should the doctor be required to inform the spouse of an infected patient and any others with whom the patient may have had sexual intercourse?

The doctor cannot legally inform the man's wife or girlfriend that he is infectious without the patient's permission. Due to the principle of patient confidentiality, there is no legal means of informing people at risk without the patient's permission. The doctor is required by law to report the case to the local medical officer of health, who is responsible for contact tracing in Ontario.

8. Is confidentiality always an absolute?

The legal responsibility of doctors, nurses, clinicians, and legislators with respect to confidentiality is clear, as is the legal responsibility of persons with HIV infection. Moral responsibility, however, is not such a clear-cut issue. Infected people often go through a period of denial. They nevertheless have a responsibility to loved ones and to potential sexual contacts.

9. Does the principle of patient confidentiality always take precedence over the interests of other people who are involved?

In general, it is absolutely critical that confidentiality and respect for privacy be upheld. Potentially infected people might not come forward for testing and/or treatment if they were worried about breaches of confidentiality. This would hamper the attempt to check the spread of the infection among an infected individual's circle of contacts. However, when the lives of loved ones are in danger, and repeated efforts to make the infected person take responsibility have not been successful, it may be justifiable to pass on confidential information to those at risk.

Case Study 2: Reporting of Persons With HIV

A heterosexual sexually active twenty-three-year-old man was admitted to hospital in 1983 with a serious form of anemia (a blood disorder). While in hospital he received multiple blood transfusions and, as a consequence, became infected with HIV. Before he was sent home, his doctor advised him that he tested positive for HIV antibodies and that if he was sexually active he would have to take the necessary precautions in order not to infect his partner.

The advice was ignored, and in 1984 the man's nineteen-year-old girlfriend tested positive. In 1985 she was treated for Kaposi's sarcoma, a form of cancer that is common to AIDS sufferers. The man also had numerous contacts with other women, such as a twenty-four-year-old prostitute and a thirty-year-old married woman. Another young woman with whom he had had sexual contact gave birth to a baby that had contracted AIDS prenatally.

Suggested Questions and Answers

1. Is there still a risk of contracting AIDS from a blood transfusion in Canada?

No. The Canadian Red Cross is responsible for ensuring that a safe and sufficient blood supply is available for all patients being treated in Canadian hospitals. To ensure that the blood supply is free of contaminants, all blood donations have been routinely tested for HIV antibodies since November 1985. All blood found to be positive is discarded.

2. What necessary precautions would the doctor have asked the young man to take in order to stem the spread of the virus that causes AIDS?

The doctor would have suggested that the man abstain from sexual intercourse. If the young man had indicated that abstinence was not possible, the doctor would have recommended that he use latex condoms and spermicidal foam or water-based lubricants during intercourse.

3. Identify reasons why this young man refused to follow the doctor's advice.

Possible factors include the cost and availability of protection, religious convictions, cultural expectations, denial, ignorance, the type of

relationship in which he was involved, poor communication with his sexual partners, and the effects of dementia (an infection of the central nervous system causing confusion in speech and thought and, as death approaches, blindness).

Note: Some of the questions and answers for case study 1 (pp. 30-32) may also apply to this case.

Exploring Some AIDS-Related Issues

An issue is a point of debate or controversy. Given the complexity of issues involving AIDS and HIV infection, it is sometimes difficult to categorize the questions involved as technical, clinical, or legal. In many instances, there are ethical or moral considerations as well.

A number of potential issues for consideration are listed below. Teachers can develop case studies for students to discuss, modelling them on the case studies in the preceding section.

1. General Issues

The following statements raise issues that students can consider:

Immigration and legislation. Japan has drawn up legislation to block immigrants and visitors with AIDS or HIV infection from coming into the country.

Testing. Infection in the workplace is a concern. Some companies are attempting to test for AIDS in subtle ways, such as asking potential employees questions about their lifestyles.

Discrimination with respect to insurance. People who live in certain cities where there is a high rate of AIDS may not be considered for insurance. Companies claim that they are protecting themselves against crippling costs.

Resources. Governments will have to choose priorities and decide how to allocate resources for treatment, education, and research into AIDS.

International issues. In certain underdeveloped countries there is a very high rate of HIV infection and AIDS, but there are very few resources for research and treatment.

Research. Scientists and clinicians will be equally interested in treating AIDS patients and working on possible cures.

Treatment. There are different attitudes concerning the proper place for treatment: in hospital or in the home.

Students should discuss the issues raised and attempt to arrive at some conclusions about different options and about what constitutes an ethical course of action in each case.

2. Privacy and Confidentiality

The right to privacy and confidentiality is a major issue which demonstrates the possible conflict of legal and ethical considerations.

The following questions can be used to guide a discussion on privacy and confidentiality:

- What should be done with HIV carriers who are irresponsibly spreading the disease and as a consequence contributing directly to the deaths of any number of men and women?
- Should laws be passed to make it a criminal offence to infect another person?
- Should government authorities be required to notify a person with HIV infection of the restrictions and penalties that may be imposed by law if a carrier behaves irresponsibly?
- Should carriers of the virus be quarantined in some fashion? If so, how?
- Should laws be passed that would allow a carrier to be put in jail if he/she is proven to have acted irresponsibly?
- Should doctor-patient confidentiality always take precedence in the case of AIDS patients, even if the protection of another individual is involved?

3. Attitudes Towards People With AIDS and HIV Infection

AIDS and sexual behaviour concern the whole community, not just one particular group in our society with a specific sexual preference. Fundamental attitudes with respect to AIDS and to people suffering from it will continue to be a major challenge. The issues that are involved touch the sensitivities of everyone.

Over the last several years AIDS has aroused a wide variety of responses. Students can collect examples of different responses from a variety of print sources,

including newspaper articles and reports, and share them with the class through written and oral presentations.

After several presentations, students should:

- speculate on the reasons for the types of reaction described;
- identify the emotions of the people involved;
- consider the impact of these reactions on people with AIDS.

They can then discuss appropriate attitudes towards people with AIDS and HIV infection in the light of both the issues that these responses raise and the following questions:

- How should AIDS and HIV infection be viewed?
- How should people behave towards those with HIV infection?
- How should people behave towards those suffering from AIDS itself?

Independent Study Projects

1. Students can publish a newspaper for distribution to all students. The newspaper can focus on AIDS and related issues.
2. Students can compare the treatment of AIDS in Canada with that in other countries, such as the United States, Haiti, India, and Mexico, and the continent of Africa. They should consider (a) the services offered, their cost, and their efficiency; and (b) their budgets for AIDS research, care, and so on.
3. There is an extensive network of AIDS information and services in Canada. Students can list the organizations and agencies responsible for AIDS services at the federal, provincial, and local or community levels. They should include the telephone number of each organization and the name of a contact person where possible.
4. The purpose of a hospice is to provide support and care for people in the final phase of a terminal illness so that they can live as fully and comfortably as possible. The underlying philosophy

of a hospice is the affirmation of life and the perception of death as a normal process. Hospice care is based on the belief that, through personalized services and a caring community, patients and families can make the necessary preparations for a dignified death. Students can research the role that the Palliative Care Foundation (33 Prince Arthur Avenue, Toronto, Ontario M5R 1B2) plays in the care of AIDS patients. Students can also investigate the importance of Casey House, a hospice in Toronto, which is expected to open in late 1987.

5. Students can conduct research into the following questions:

- the origin of the virus that causes AIDS
- the areas of the greatest incidence of the disease
- the number of diagnosed cases in Ontario, Canada, the United States, and other countries
- the projections for the disease in the future

They can then discuss the implications of their findings for the local and global communities.

6. Students can compare the responses of different newspapers to ethical questions related to AIDS as illustrated in their use of headlines. Students can use library resources to find examples of newspaper headlines.

7. Students can research the economic impact of AIDS, using the following topics as a guide:

- present caseload numbers and future predictions
- short- and long-term estimates of the cost of hospital, home, and hospice care, including the cost of community support services
- the impact on the Canadian life-insurance and health-insurance industries (life and disability insurance)
- the cost of screening blood by the Canadian Red Cross
- fund raising

Students can use the following as resources:

- Angela Barnes, "AIDS and Business",
The Globe and Mail, August 1 and August 3, 1987.
 - Philip Mathias, "The High Cost of Treating AIDS",
The Financial Post, July 13, 1987.
8. Students can examine the social impact of AIDS, using the following questions as a guide:
- What are the respective roles of hospitals, hospices, and home care?
 - How can the quality of life of persons with AIDS be improved and their dignity maintained?
 - What are the long-term effects of AIDS on the mental health of both patients and care-givers?
 - What are the implications of AIDS for adolescents, now, and in the future?
 - People who have contracted AIDS are said to be victims of their own lifestyles. Is this a fair statement?
 - If you were a politician faced with the choice of funding a research project on a cure for AIDS or on the causes of infant-crib-death syndrome, which would you choose, and why?
 - What difficult decisions can you imagine the future will bring, based, for example, on the question of the greatest good for the greatest number?



Ministry
of
Education

Ontario

Sean Conway, Minister
Bernard J. Shapiro, Deputy Minister

Publications

RESOURCE DOCUMENT

Materials for Use in the Mandatory Health Education Units

CADAN
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Education About AIDS

PART E

Transparencies

1987



Transparencies

A list of the transparencies that comprise Part E follows. The strategies for which each transparency might be useful have been noted.

1. **AIDS is *not* spread by casual contact.**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
2. **AIDS is not transmitted by ...**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
3. **HIV (the AIDS virus) is easily destroyed outside the body ...**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
4. **Sound Personal Hygiene Practices**
Part D: Question-and-Answer Session on AIDS
5. **Poor Hygiene Practices**
Part D: Question-and-Answer Session on AIDS
6. **The Spectrum of AIDS in Canada**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
7. **Symptoms of HIV Infection**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
8. **Symptoms of AIDS-Related Complex (ARC)**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
9. **Symptoms of AIDS**
Part C: Questions and Answers About AIDS
Part D: Question-and-Answer Session on AIDS
10. **Normal Functioning of the Immune System**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
11. **Normal Functioning of the Immune System**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
12. **Effect of HIV on the Immune System**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
13. **Effect of HIV on the Immune System**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
14. **Transmission of HIV Infection**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
15. **How HIV Is Transmitted**
Part C: Questions and Answers About AIDS
Strategy 3: The Case-Study Approach
Part D: Question-and-Answer Session on AIDS
16. **Distribution of AIDS Cases in Canada**
Part D: Independent Study Projects
17. **Number of Cases of AIDS Reported in Canada**
Part D: Independent Study Projects
18. **AIDS in Ontario: Cases by Age**
Part D: Independent Study Projects
19. **Number of Cases of AIDS Reported in Ontario**
Part D: Independent Study Projects
20. **AIDS in Ontario**
Part D: Independent Study Projects
21. **Global Statistics on AIDS**
Part D: Independent Study Projects

**AIDS is *not*
spread by casual
contact.**

AIDS is *not* transmitted by:

- insects or animals

or through:

- ordinary exposure to germs
(e.g., coughing or sneezing)
- casual body contact
(e.g., handshakes)
- food
- dishes or glasses
- pools, saunas, or bathtubs
- toilet seats, doorknobs,
playground equipment
- telephones or drinking fountains
- handkerchiefs

HIV (the AIDS virus) is easily destroyed outside the body by using a solution of one part household bleach to nine parts water.

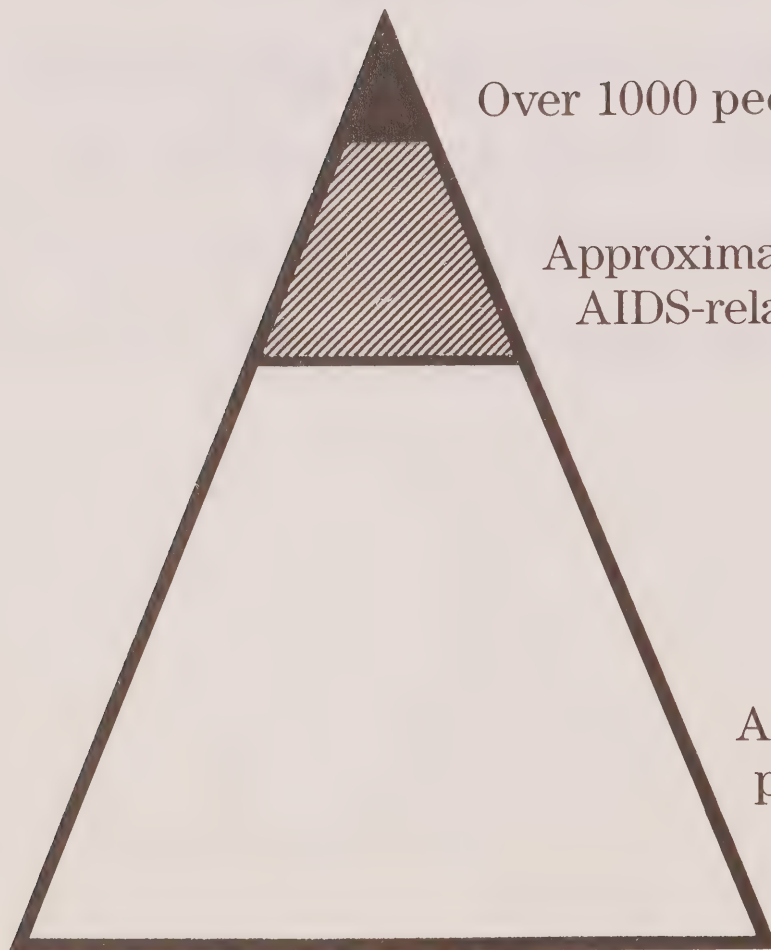
Sound Personal Hygiene Practices

- Clean fingernails daily with a brush.
- Wash hands before eating and preparing food and after using the toilet.
- Wash genitals and anal area before and after sexual activity.

Poor Hygiene Practices

- Biting and scratching
- Sharing gum, food, or eating utensils
- Neglecting to wash one's hands before handling food or after using the toilet
- Playing “blood partners”

The Spectrum of AIDS in Canada (as of July 20, 1987)



Over 1000 people have AIDS.

Approximately 7000 people have
AIDS-related complex (ARC).

Approximately 50 000
people are infected but
do not have symptoms.

Symptoms of HIV Infection

Some people have:

- headache
- fever
- body pain
- chills
- rash
- swollen glands

Others have no symptoms.

Symptoms of AIDS-Related Complex (ARC)

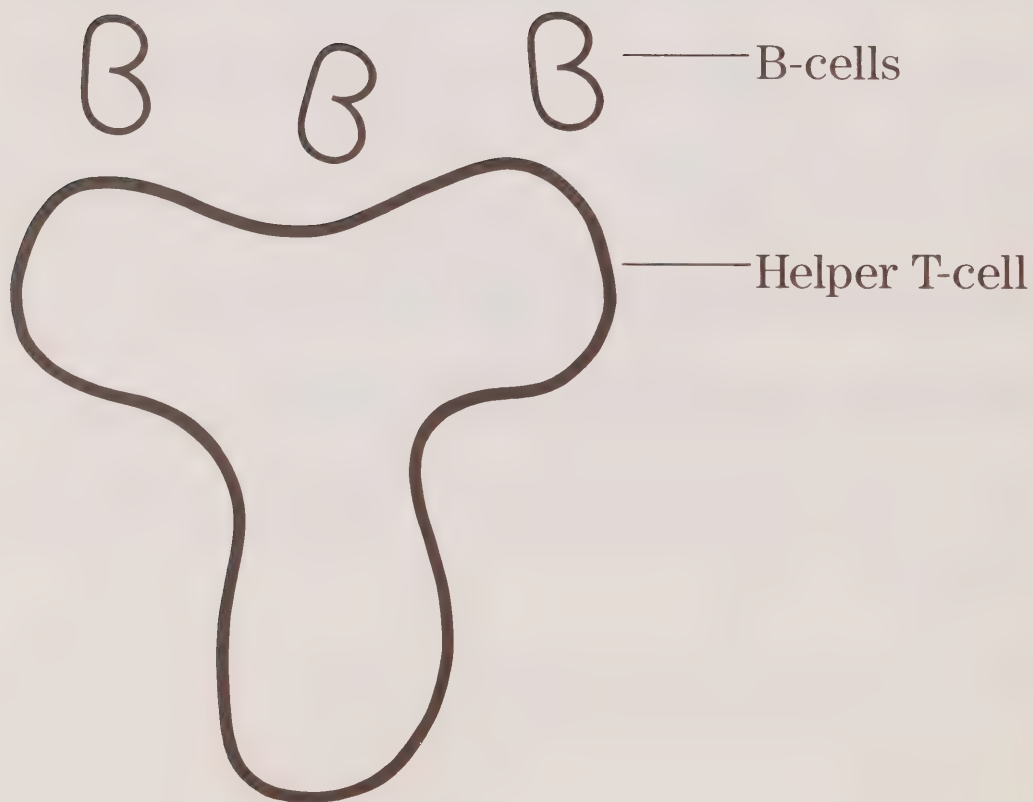
- Swollen glands
- Prolonged fever
- Persistent night sweats
- Severe fatigue
- Weight loss
- Diarrhea
- Neurological disorders
- White coating on tongue
- Sore throat

Symptoms of AIDS

- Unexplained bleeding
- Weight loss
- Persistent fever and diarrhea
- Shortness of breath
- Dry cough
- Sore throat
- Repeated infections
- White spots on mouth
- Purplish bumps on any part of body
- Neurological disorders

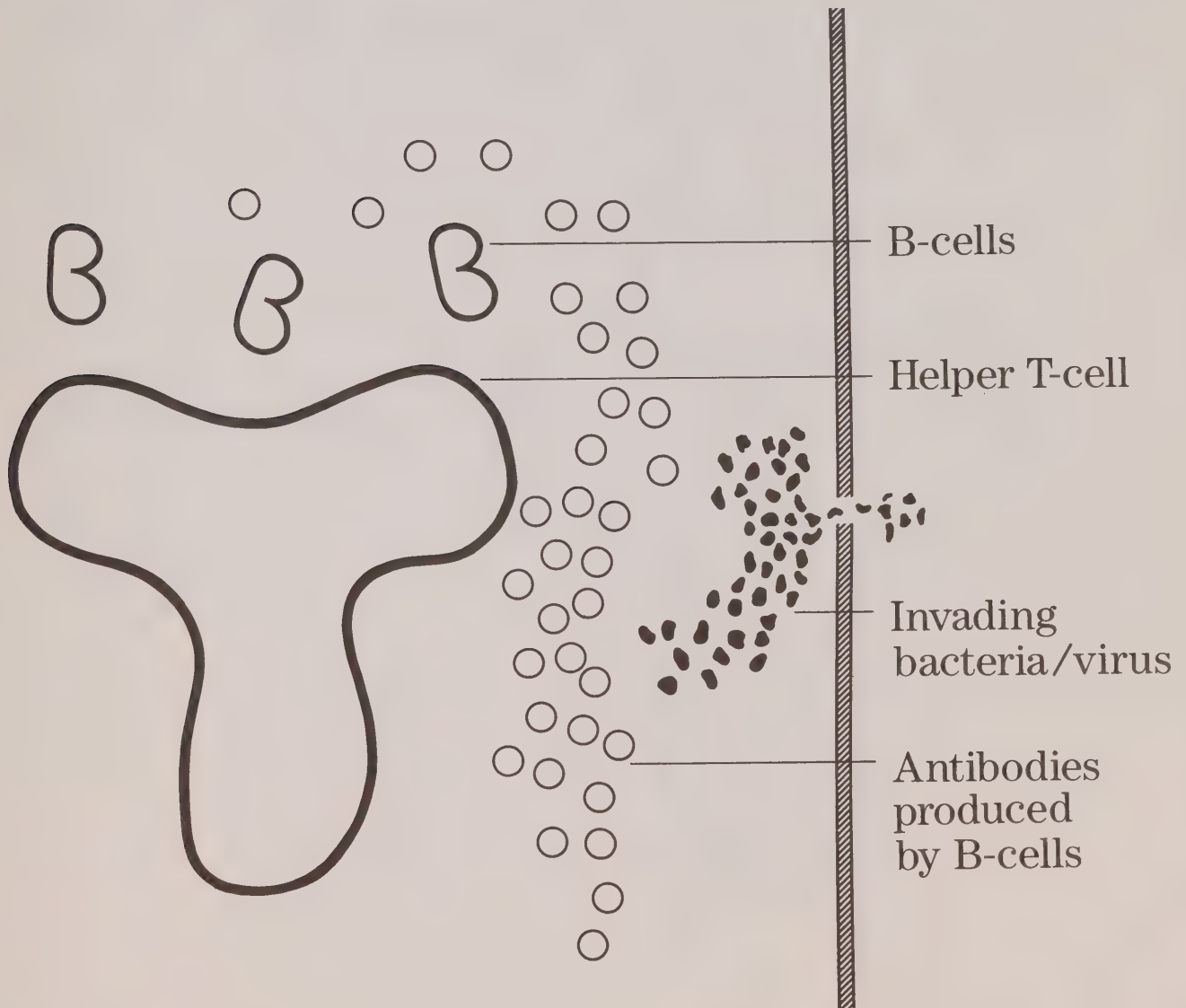
Normal Functioning of the Immune System

B-cells and helper T-cells work together to fight viruses and bacteria that cause disease.



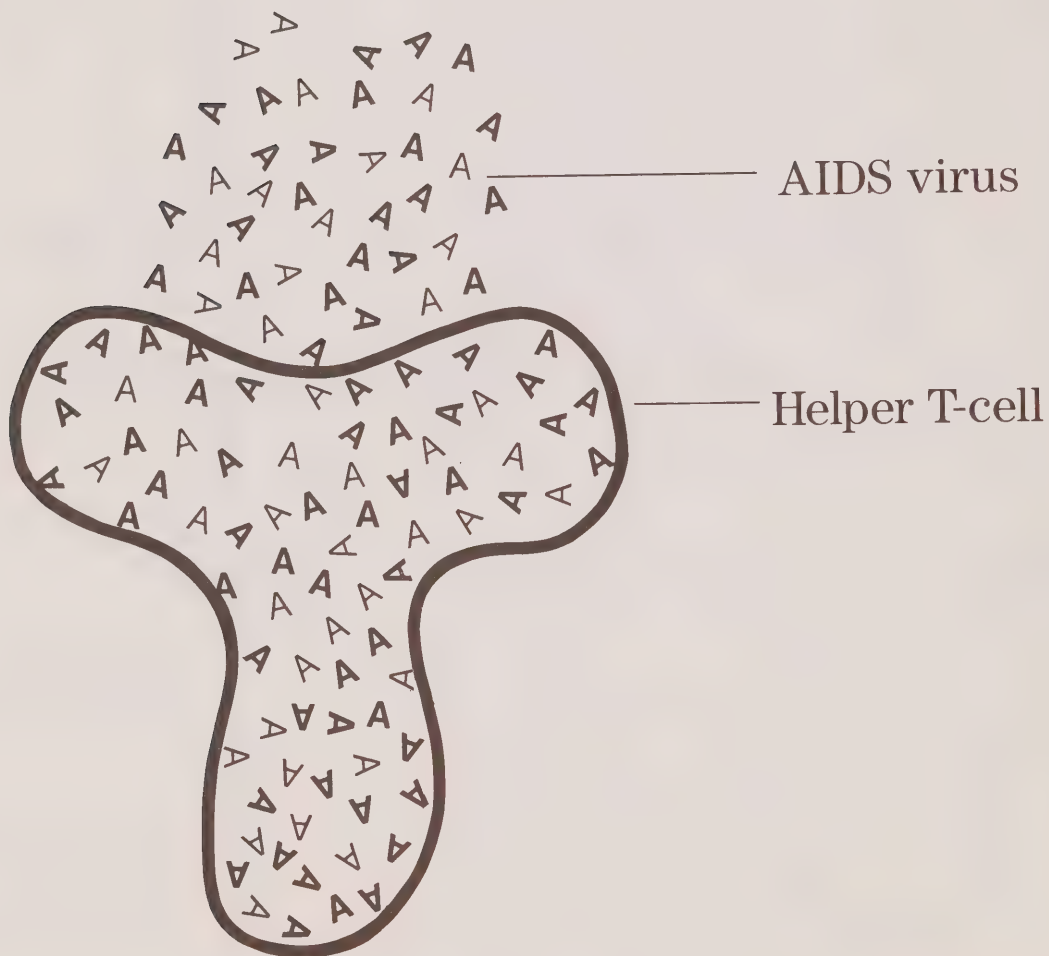
Normal Functioning of the Immune System

When helper T-cells discover something harmful in the body, they activate B-cells to produce antibodies, which stop the spread of infection.



Effect of HIV on the Immune System

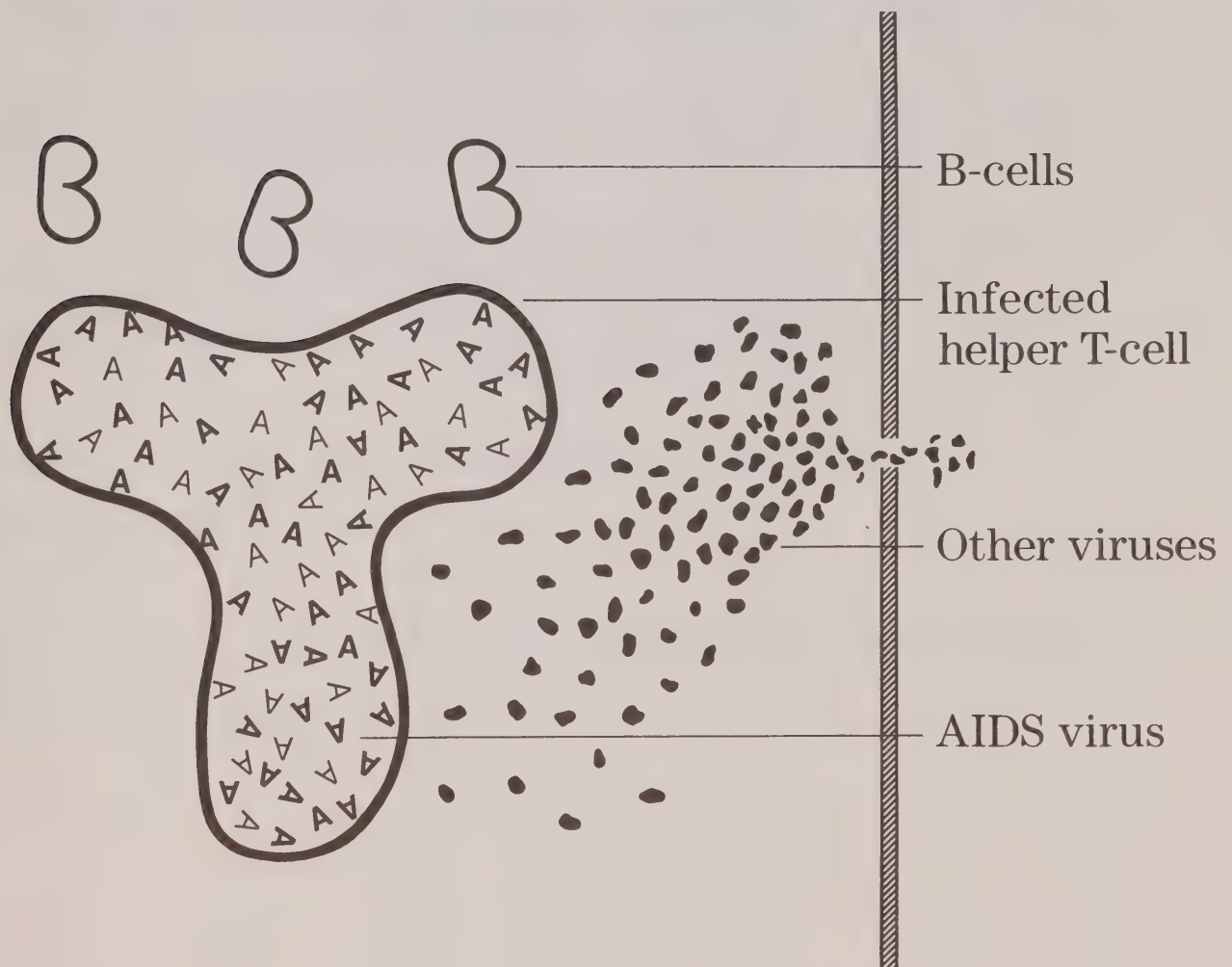
HIV seeks out and invades the helper T-cells.
The helper T-cells then produce more HIV.



Effect of HIV on the Immune System

When another virus or organism infects the body, the helper T-cells can no longer activate the B-cells to produce antibodies.

The infection spreads unchecked through the body.



Transmission of HIV Infection

Anyone who is infected – even if he/she has no symptoms – is infectious and can pass the virus on to others.

How HIV Is Transmitted

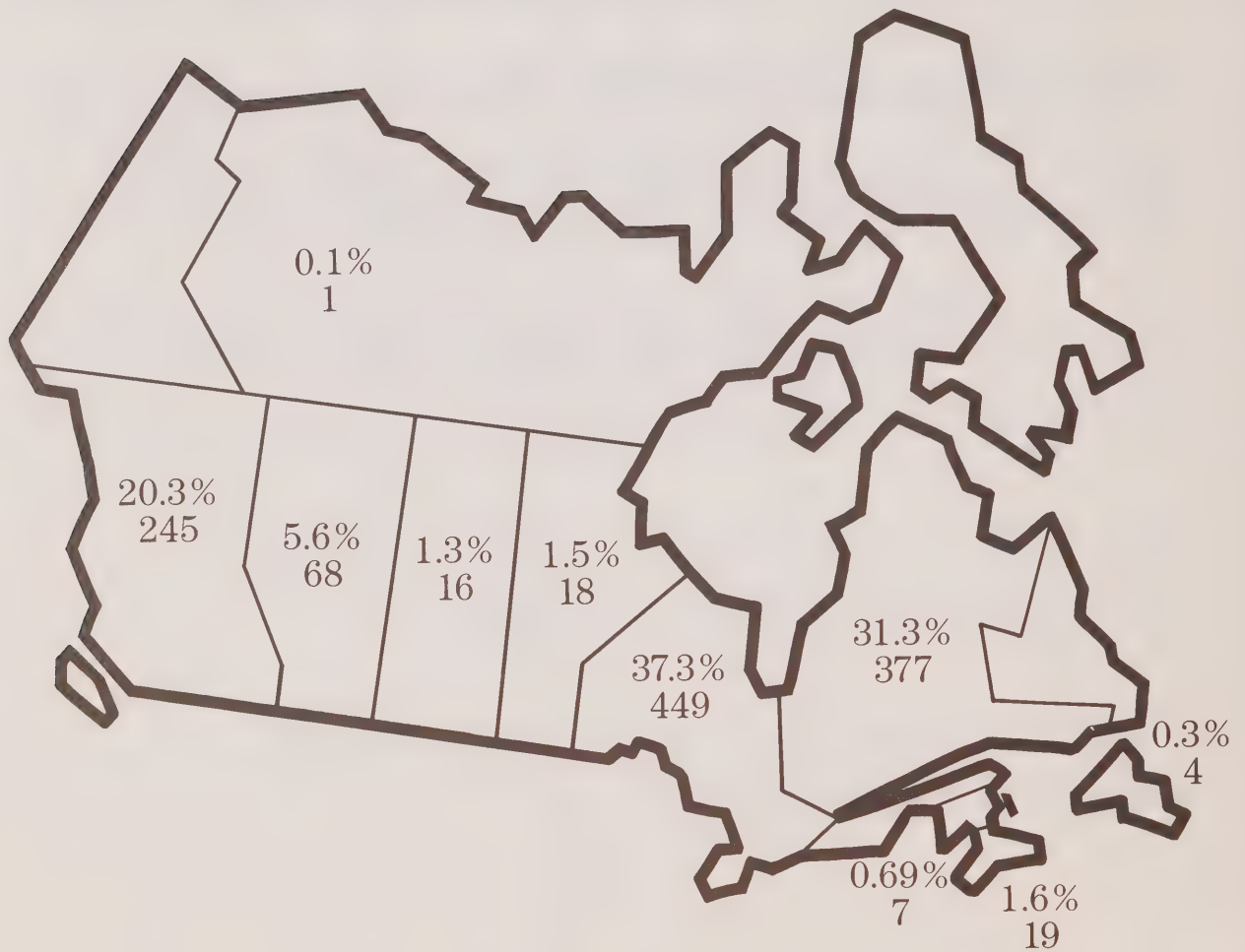
The virus is carried in blood, semen, and vaginal fluids. For a person to become infected, the virus must pass directly into his/her bloodstream.

The virus reaches the bloodstream most often through sexual intercourse.

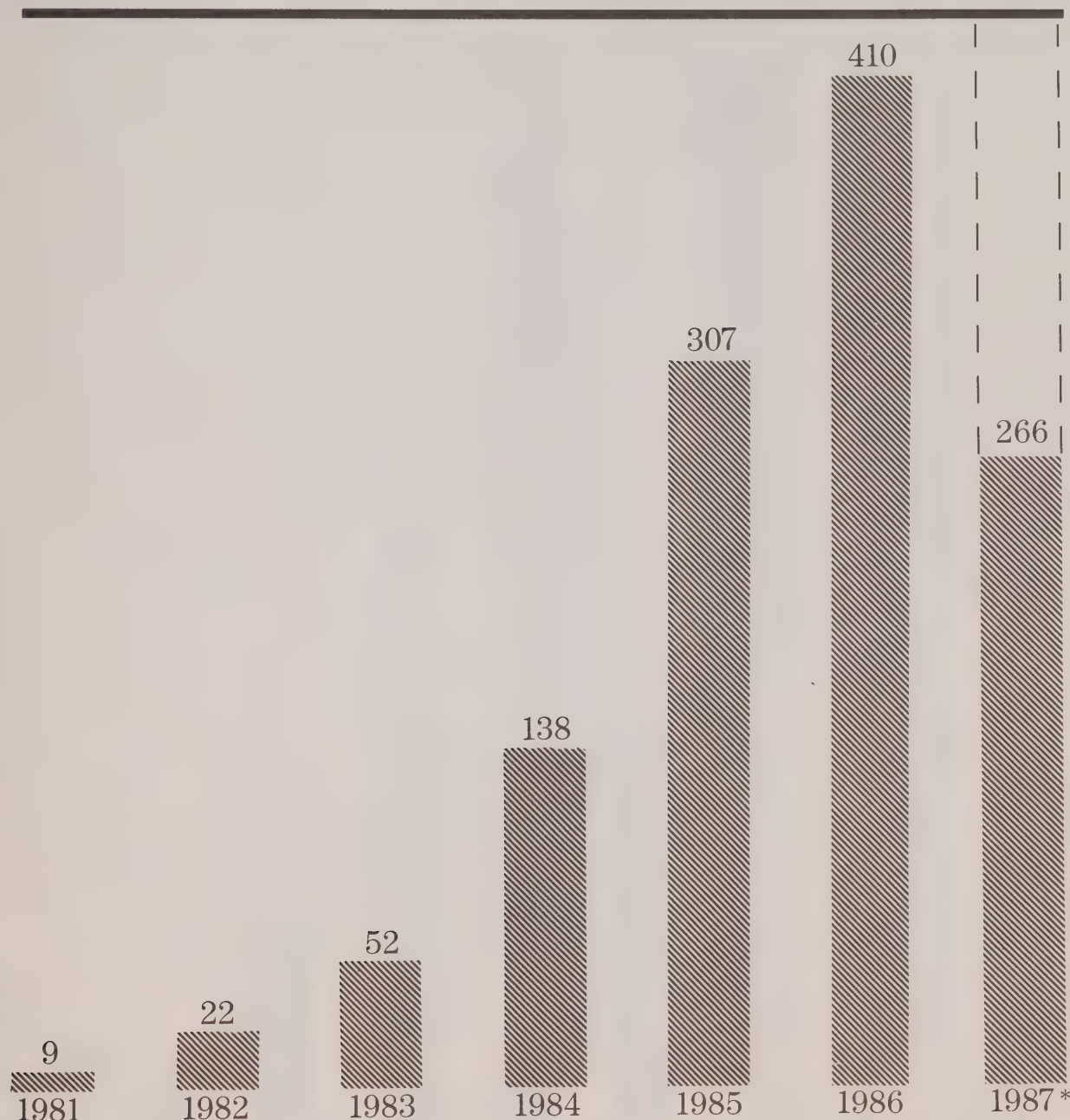
The virus can also be transmitted through contaminated needles or syringes.

The virus can pass from an infected mother to the fetus during pregnancy.

Distribution of AIDS Cases in Canada (as of July 20, 1987)

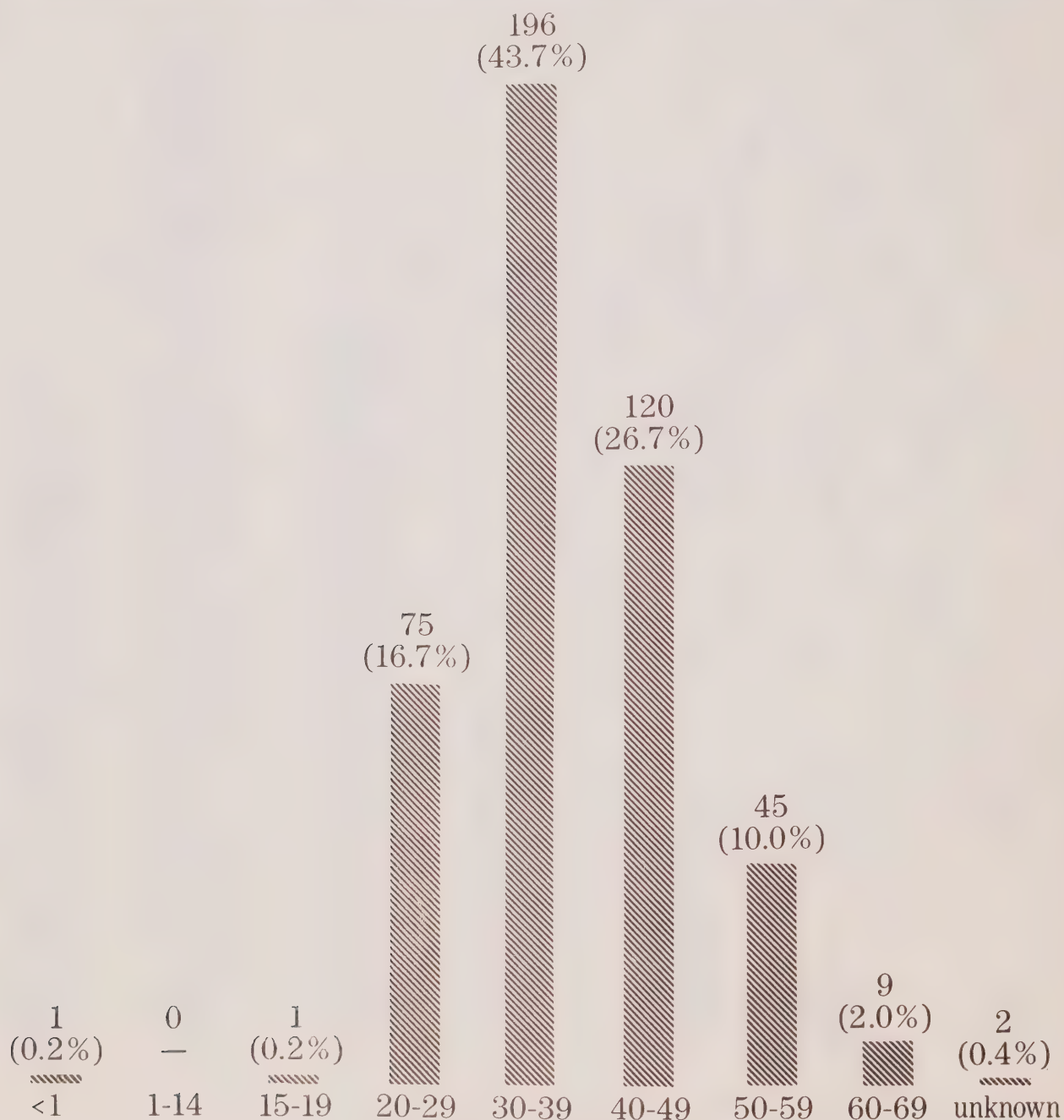


Number of Cases of AIDS Reported in Canada (as of July 20, 1987)

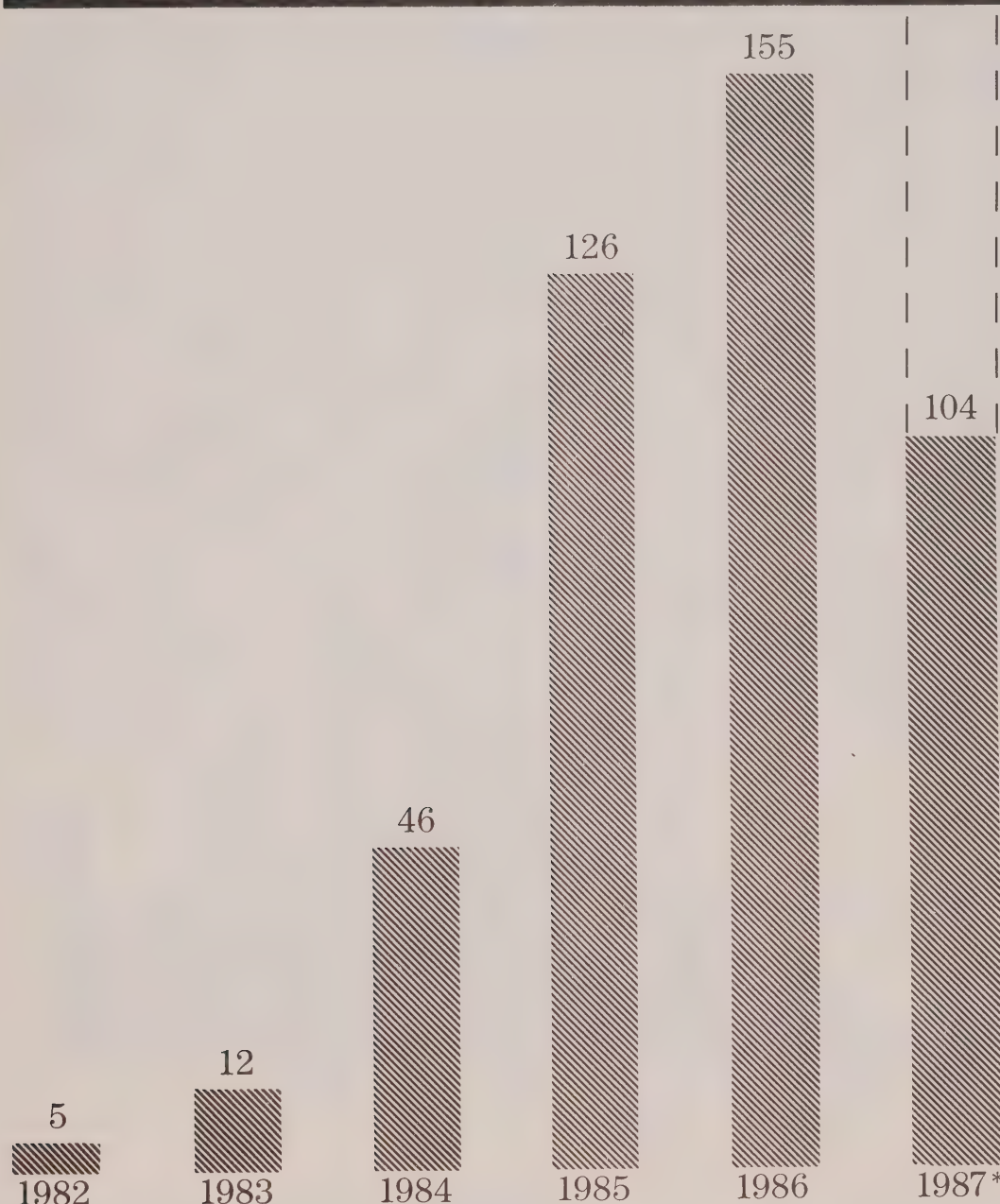


*The figure reported for 1987 – 266 cases for a seven-month period – indicates that AIDS is spreading at an alarming rate.

AIDS in Ontario: Cases by Age (as of July 22, 1987)

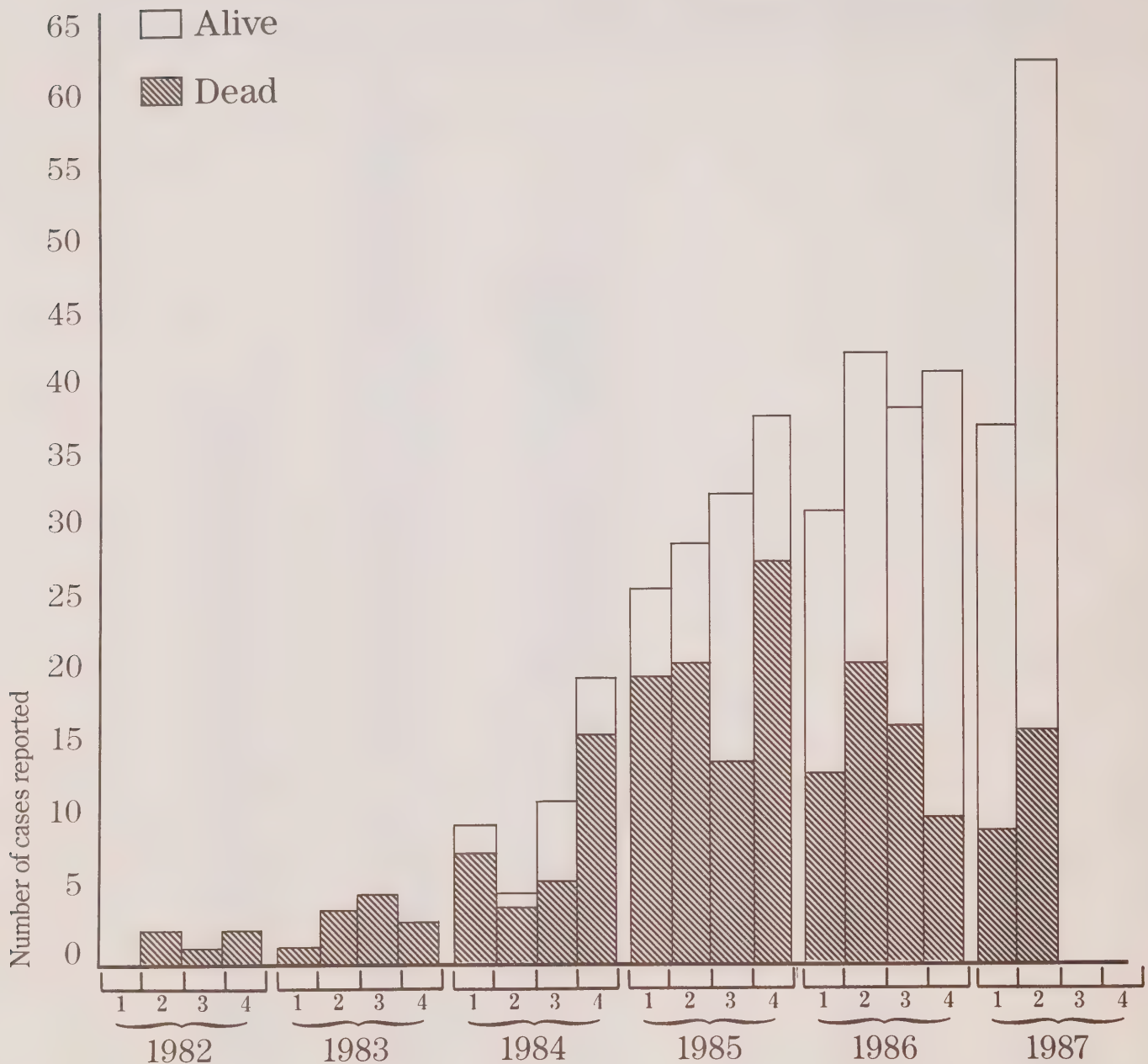


Number of Cases of AIDS Reported in Ontario (as of July 22, 1987)



*The figure reported for 1987 – 104 cases for a seven-month period – indicates that AIDS is spreading at an alarming rate.

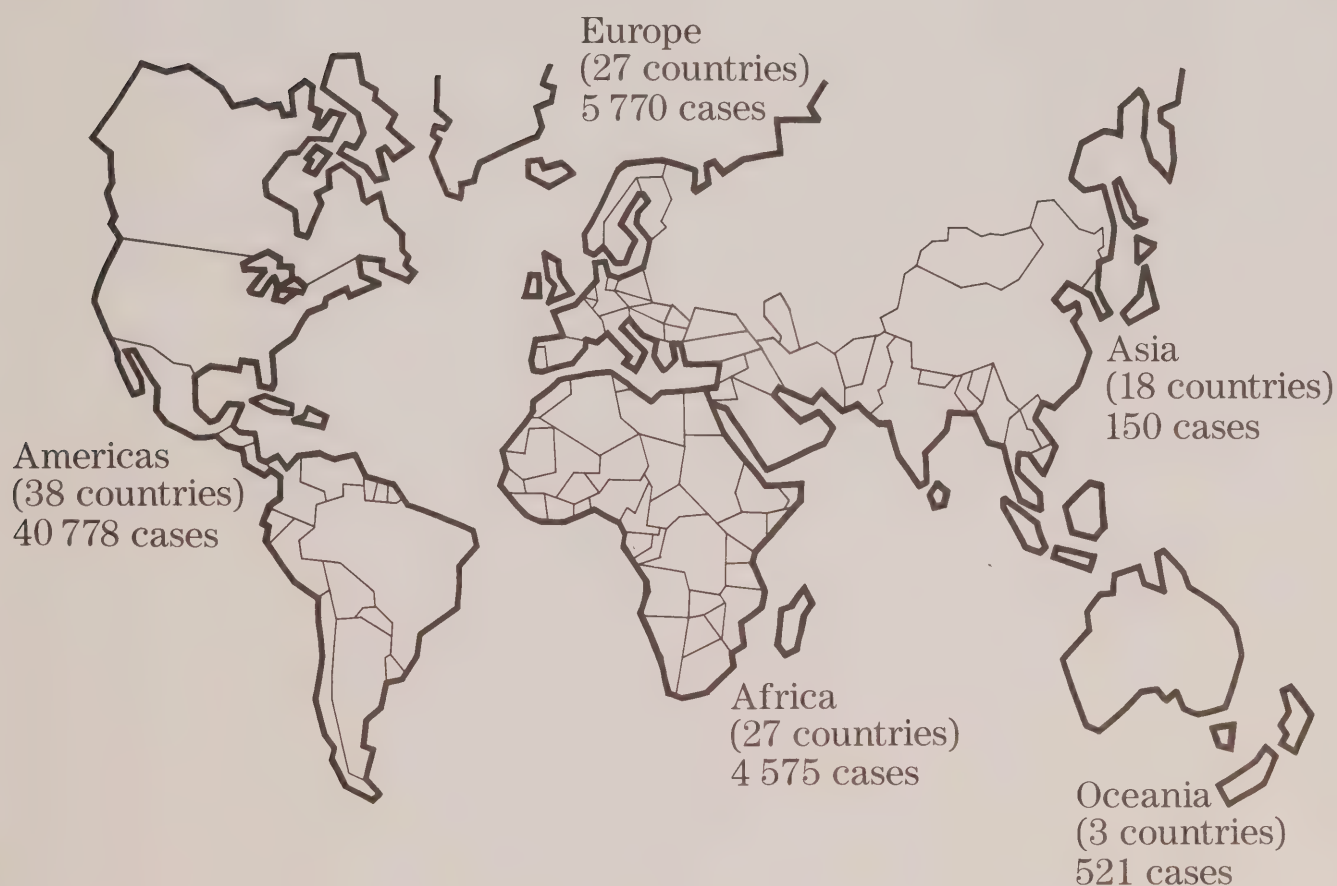
AIDS in Ontario (as of July 22, 1987)



This transparency can be used in conjunction with transparency no. 19.

Global Statistics on AIDS (as of June 3, 1987)

A total of 51 794 cases were reported in 113 countries. Other countries have AIDS cases but have not reported them.



Source: World Health Organization

CONTENTS

- Part A: General Information
- Part B: General Teaching Strategies
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Grade 7 or 8 Physical and
Health Education
- Part D: Teaching Strategies
Compulsory Credit in
Physical and Health Education
- Part E: Transparencies

The Ministry of Education wishes to acknowledge the contributions of the following persons who participated in the development and validation of these resource materials.

Writer

Gloria Torrance
Board of Education for the City of Toronto

Steering Committee

Marny Beale
Centre for Early Childhood and Elementary Education, Ministry of Education

Shannon Hogan
Centre for Early Childhood and Elementary Education, Ministry of Education

Barbara Johnston
Centre for Secondary and Adult Education, Ministry of Education

Michel Robineau
Centre for Secondary and Adult Education, Ministry of Education

Sheila Roy
Centre for Secondary and Adult Education, Ministry of Education

Shirley Stanton
Centre for Early Childhood and Elementary Education, Ministry of Education

Advisory Committee

Mary L. Amyotte
Federation of Catholic Parent-Teacher Associations of Ontario

Mary Baier
Ontario English Catholic Teachers' Association

David Baldwin
Ontario Public School Directors' Association

Barbara Bellmore
Ontario Public School Trustees' Association

Noel Bennet-Alder
Program Implementation and Review Branch, Ministry of Education

Andy Cranbury
Ontario Principals' Association

Al Craven
Ontario Association for the Supervision of Physical and Health Education

Kevin Crouse
Ontario Secondary School Teachers' Federation

Gérard Dalcourt
Association des surintendantes et des surintendants franco-ontariens

Ron DeLeskie
Ontario Catholic Supervisory Officers' Association

Monique Ducharme
TVOntario

Albert Dukacz
Catholic Principals' Council of Ontario

Ken Eady
Ontario Public School Teachers' Federation

Madeleine Garant
Conseil des directeurs d'écoles franco-ontariennes

Marius Gendron
Association des enseignants franco-ontariens

Carmen Gervais
Association française des conseils scolaires de l'Ontario

Fred Gledding
Ontario School Library Association

Bob Harris
Northern Ontario Public School Principals' Association

Lillian Hayward
Ontario Federation of Home and School Associations

Audrey Hester
Eastern Ontario Region, Ministry of Education

W. L. Innerd
Ontario Association of Deans of Education

Martha Joyce
Ontario Separate School Trustees' Association

Rosemarie Kennedy
Ontario School Counsellors' Association

Ian McLellan
Ontario Secondary School Principals' Council

Earle McCabe
Ontario Separate School Trustees' Association

Fiona Nelson
Association of Large School Boards in Ontario

Bill O'Grady
Catholic Principals' Council of Ontario

Erwin Pasternack
Special Education and Provincial Schools Branch, Ministry of Education

Helen Penfold
Federation of Women Teachers' Associations of Ontario

Wilfrid Sarazin
Fédération des associations de parents et d'instituteurs de langue française de l'Ontario

William Taylor
Northern Ontario School Trustees' Association

Frank Trotz
TVOntario

Paula Wagar
Ontario Physical and Health Education Association

Ouida Wright
Ontario Association of Education Administrative Officials

Individual Contributors

Beverly K. Biehr
Family Life Education, Chicago Public Schools

Richard Fralick
Department of Public Health, City of Toronto

Ron Langevin
Clarke Institute of Psychiatry

Grant Lowery
Central Toronto Youth Services

Anne MacLennan
Addiction Research Foundation

Al Quance
Board of Education for the City of Toronto

Robert Zacour
Ottawa Board of Education

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OPEPA

Jean Bacon
Ontario Public Education Panel on AIDS

J. A. Browne
Ontario Public Education Panel on AIDS

Claudette Foisy-Moon
Ontario Teachers' Federation

Peg Folsom
Department of Public Health, City of North York

Barbara Johnston
Centre for Secondary and Adult Education, Ministry of Education

Jacques Lachapelle
Association des surintendantes et des surintendants franco-ontariens

Debbie Martin
Ontario Federation of Home and School Associations

Frank McKenna
Ontario Catholic Supervisory Officers' Association

Marlene Metzger
Physical and Health Education, Metropolitan Separate School Board

William Mindell
Department of Public Health, City of Toronto

Fiona Nelson
Ontario School Trustees' Council

Robert O'Neill
Metropolitan Separate School Board

Kevin Orr
AIDS Committee of Toronto

Peter Robertson
Faculty of Education, University of Toronto

Shirley Stanton
Centre for Early Childhood and Elementary Education, Ministry of Education

Gloria Torrance
Board of Education for the City of Toronto

Frank Trotz
TVOntario

Evelyn Wallace
Public Health Branch, Ministry of Health

Cathy White
York Regional Health Unit

Ouida Wright
Board of Education for the City of Toronto